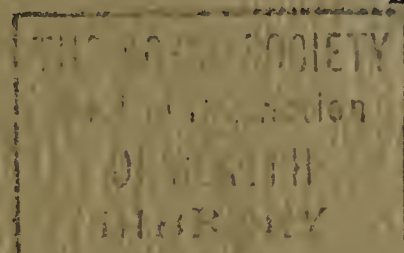


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CITY OF WINNIPEG

HEALTH DEPARTMENT

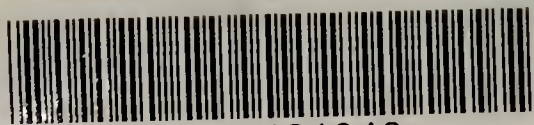


ANNUAL REPORT

of the
Medical Health Officer

Year
1963

R.G. Cadham, M.D., D.P.H.



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CITY HEALTH DEPARTMENT

Winnipeg, 1963.

Chairman and Members,
Committee on Public Health and Welfare.

Madam and Gentlemen:

I have the honour to present the annual report and the financial statement of the Health Department for the year 1963.

Essentially the year was a healthy one for the citizens of Winnipeg with no major outbreaks of any serious disease and a progressive year for all concerned.

The birth rate dropped to 22.8 per thousand population, which is the lowest recorded since 1952. As expected heart diseases and cancer continue to be the leading causes of death with cancer of the lung now being the leading cause of death in males for all forms of cancer.

Three cases of diphtheria were recorded with no deaths, compared to eight cases and two deaths in 1962. These three cases were the tag-end of an outbreak which was experienced late in 1962.

The incidence of infectious hepatitis remains approximately the same as in 1962 with 134 cases reported. This is a considerable improvement in the experience with the incidence of this disease since 1959.

Four outbreaks of food poisoning occurred involving several hundred people but fortunately there were no severe sequelae. Private caterers were involved in three of these outbreaks and it is anticipated that in the near future some legislation will be enacted which will require private caterers to have some knowledge of hygienic measures required for the preparation, storage and serving of foodstuffs before a licence is granted.

Another year has now passed in which no cases of poliomyelitis occurred. It is expected that a second mass feeding of the Sabin oral polio vaccine will be conducted in the Spring of 1964.

Although eighty-nine cases of scarlet fever were reported from one section of the City, an epidemiological investigation of this situation indicated that this disease was more likely to be a relatively new clinical entity -- Fifth Disease. This is a self-limiting disease with no serious complications.

There was an increase in both the number of deaths from tuberculosis as well as in the number of new cases discovered. The majority of these new cases of active tuberculosis occurred in the 60-year-and-over age group. An active campaign to uncover new cases was continued in collaboration with the Manitoba Sanatorium Board.

The Child Dental Services continue to expand and one additional dental clinic was established in the David Livingston School. The tremendous advantage to a fluoridated water supply in reducing dental caries in children is depicted in the tables of the Dental Division.

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The hiatus which existed in restorative dental services for those citizens receiving public welfare was overcome with the establishment of a welfare dental clinic in the outpatient department of the Winnipeg General Hospital. This clinic is entirely financed by the Manitoba Hospital Commission but is staffed and administered by the City Health Department.

The licensing and supervision of nursing homes, which had been the responsibility of the Health Department for the past twenty-five years, was taken over by the Care Services of the Provincial Health Department on July 1st.

The Public Health Nursing Division had an exceptionally heavy year with all phases of their work load being increased. For the first time evening classes for expectant parents were inaugurated in addition to the regular afternoon classes. Attendance at the Child Health Centres more than doubled that of the previous year. Requests from school principals for additional nursing services continue to be received.

A review of the immunization status of new entrants into the Winnipeg School System reveals that all but 4% had been previously immunized and the majority of this 4% were pupils from outside of Winnipeg. Booster immunizations of all children entering school for the first time and at the Grade IV and Grade VIII level were again carried out. The anti-smoking education campaign followed the pattern set in the previous year.

Incorporation of 3500 acres of land from the Rural Municipality of Rosser into the City of Winnipeg brought forward some problems in water supply and sewage disposal but satisfactory solutions to these problems were concluded.

The switchover of many milk producers to bulk tanks led to a busy year for the Dairy Division. Due to inadequate laboratory facilities in our present temporary quarters the Manitoba Department of Health is conducting the required bacteriological tests of all finished dairy products.

The Housing Division conducted over 11,000 inspections and the violations of the Manitoba Public Health Act which were remedied during the year are detailed in the following tables. It is hoped that in the coming year legislation will be enacted which will allow the Housing Division to take action in regard to homes which have a dilapidated exterior and thus serve to develop blight areas in the City.

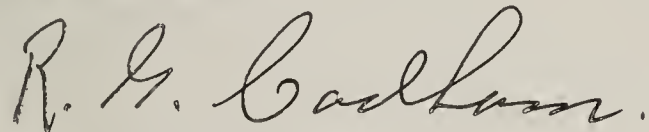
The Food Division carried out approximately 13,000 inspections and the high level of sanitation in all food-handling establishments was maintained. Health By-law No. 4274 was amended to require that all meat sold in the City be from animals slaughtered in establishments registered under the Federal Meat Inspections Act.

The Division of Sanitation and Hygiene continue to work very efficiently with air pollution continuing to be one of the major problems for this Division. In addition the number of swimming pools now being constructed in apartment buildings constitute a new phase of work. There are now twenty-two swimming pools in Winnipeg. For the first time in Canada a toxic ingredient used in wood preservations brought forward a problem which was overcome by co-operating with the Provincial Departments of Health and Labour.

Dr. Peter Constantinidis was appointed as Deputy Medical Health Officer on July 1st to replace Dr. J.B. Morison who left our services to become the Director of Health Services for the Provincial Health Department.

In summary, this has been a very satisfactory year, and on the following pages are recorded in detail the activities of the Health Department for the year 1963. The support of the Committee on Public Health and Welfare, as well as that of other elected representatives to the City Council has been appreciated by myself and all other members of the staff.

Respectfully submitted,



R.G. Cadham, M.D.
Medical Health Officer.

RGC:lv

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COMMITTEE ON PUBLIC HEALTH AND WELFARE

Alderman E.J. Enns, Chairman,
 Alderman L. Hallonquist, Acting Chairman,
 Alderman E.I. Tennant,
 Alderman J. Gurzon Harvey,
 Alderman J. Zuken,
 Alderman I. Wolch,
 His Worship Mayor S. Juba (ex officio)

STAFF

Medical Health Officer	R.G. Cadham, M.D., D.P.H.
Deputy Medical Health Officer	P. Constantinidis, M.D.
Consultant, Child Care Services	H. Medovy, M.D., F.R.C.P.(C).
Director of Dental Services	C.H. McCormick, D.D.S., D.D.P.H.
Director, Public Health Nursing	Miss L. MacKenzie, R.N., M.A., P.D.
Chief Health Inspector	E.J. Rigby, D.V.M.
Secretary	E. Singleton.

HISTORY

From a Hudson's Bay Company trading post (Fort Garry) in 1870, with a population of 215, Winnipeg has grown to the size and finish of a first-class city of approximately 258,000 people. When the City was incorporated in 1873 there was a population of 1,869.

The present Health Department may be said to date from 1900 when the late Dr. A.J. Douglas was appointed the first full-time Health Officer.

From 1881 to 1900 Winnipeg had a series of part-time Medical Health Officers.

In 1941 amalgamation with the School Medical Services occurred and the services increased and extended to all child-caring institutions in the City without distinction. This applies to Medical, Dental and Nursing Services.

The Child Health Services Board was set up to help the Department in a consultative manner, meetings being held at the call of the Chairman. This Board was replaced in 1955 by a monthly meeting of the administrative officers of the School Board and the Health Department.

The Department has now several Branches to carry out the provisions of the Public Health Act of Manitoba, the Health By-law of the City and a number of other City By-laws.

AREA AND POPULATION

On January 1, 1963, the City of Winnipeg annexed an area of about 3,500 acres from the Rural Municipality of Rosser, which had a population of 450.

The City now covers a total area of 31 square miles - land 30.27 square miles (19,196 acres), and water .73 square miles (469 acres). The density of the population is 13.4 persons per acre of land.

For statistical purposes the population for 1963 is 256,613, an increase of 584 from 256,029 in 1962, as determined by the Assessment Commissioner. In 1963 the natural increase (live births less deaths) was 3,114. In the last ten years the population of Winnipeg has increased 13,326 while the excess of births over deaths has been 34,502.

VITAL STATISTICS AS REGISTERED IN WINNIPEG, 1963

(Including Non-Residents)

	<u>1963</u>	<u>1962</u>
Live Births	9,212	9,458
Deaths	3,232	3,044
Stillbirths	150	123

Summary of Vital Statistics, Residents, 1963

		<u>1963</u>	<u>1962</u>
<u>Live Births</u>	Male	3,042	2,995
	Female	<u>2,817</u>	<u>2,943</u>
	Total	5,859	5,938
Rate per 1,000 population		22.8	23.2
<u>Deaths</u>	Male	1,578	1,527
	Female	<u>1,167</u>	<u>1,037</u>
	Total	2,745	2,564
Rate per 1,000 population		10.7	10.0
Natural increase		3,114	3,374
<u>Infant Deaths (-1 year)</u>	Male	75	90
	Female	<u>48</u>	<u>45</u>
	Total	123	135
Rate per 1,000 Live Births		21.0	22.7
<u>Stillbirths</u>	Male	48	39
	Female	<u>40</u>	<u>43</u>
	Total	88	82
Rate per 1,000 Live Births		15.0	13.8
<u>Puerperal Deaths</u>		2	2
Rate per 1,000 Live Births		.3	.3

(Population - December 31, 1963 - 256,613)

LIVE BIRTHS

A total of 5,859 live births occurred to Winnipeg residents in 1963 giving a rate of 22.8 per 1,000 population which is the lowest rate recorded in the last eleven years. Over this period the rate has fluctuated from 23.0 in 1953 to 24.5 in 1960. There were 3,042 boys and 2,817 girls born giving a ratio of 1080 boys to 1,000 girls. First children accounted for 2,019 or 34.5% (35.0%) (1962 figures are shown in parentheses), second children 1,572 or 26.8% (26.2%), 5,422 or 92.6% (93.3%) included the fifth child. There were 4,556 or 77.8% of the births occurred to mothers in the 15-year age group 20 - 34 years.

INFANT MORTALITY

There were 123 deaths of infants under one year of age giving a rate of 21.0 per 1,000 live births as compared with 22.7 in 1962. 84 or 63.3% occurred during the first week of life.

The principal causes of infant deaths were (1962 figures are shown in parentheses) (1) Immaturity 25 (33), (2) Injury at birth 21 (15), (3) Congenital Malformations 19 (24), (4) Accidental Causes 14 (11), (5) Pneumonia all forms 10 (11), (6) Postnatal asphyxia and Atelectasis 9 (16).

A detailed list of the causes of infant deaths is on page 15 and 16 of this report.

PERINATAL MORTALITY

In 1963 there were 88 stillbirths and 84 deaths of infants under one week, giving a total of 172, which represents a perinatal death rate of 28.9 per 1,000 total births. Comparative rates for 1962 and 1961 show rates of 29.7 for both years.

MATERNAL MORTALITY

There were two deaths from conditions pertaining to child-bearing giving a rate of 0.3 per 1,000 live births. With the exception of 1961 when there were three maternal deaths there have been two deaths recorded in each of the years 1959, 1960 and 1962.

DEATHS

In 1963 there were 2,745 deaths of Winnipeg residents giving a rate of 10.7 per 1,000 population which is the highest rate recorded in Winnipeg for many years. Since 1957 the rate has not been below 10.0 per 1,000 population.

Heart diseases accounted for 913 or 33.3% of all deaths, Cancer for 512 or 18.7%. Accidents, poisonings and violent deaths accounted for 6% of all deaths, up from 5.6% recorded in 1962. 2,437 or 88.9% of deaths occurred at age 45 years or over.

While the number of deaths recorded in the age group 1 - 24 is small, accidental and violent deaths were by far the leading cause accounting for 37 or 48.0% of all deaths recorded in this age group. Malignant neoplasms accounted for 13 or 16.9%.

* * * * *

Our appreciation and thanks are extended to all those who co-operated with us during the year in permitting us the use of the registration of births and deaths or copies of them and for the use of the tabulating machine.

LIVE BIRTHS & INFANT DEATHS 1944 - 1963

YEAR	NUMBER OF BIRTHS	RATE PER 1,000 POPULATION	INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
1944	4,060	17.7	144	35.5
1945	4,210	18.2	134	31.8
1946	5,223	22.6	184	35.2
1947	5,532	23.6	193	34.7
1948	4,779	20.4	153	32.0
1949	4,968	21.2	137	27.6
1950	5,045	21.1	133	26.4
1951	5,254	21.9	115	21.9
1952	5,417	22.5	131	24.2
1953	5,586	23.0	166	29.7
1954	5,920	24.3	145	24.4
1955	6,016	24.2	147	24.4
1956	5,908	23.3	144	24.4
1957	6,067	23.8	180	29.7
1958	5,892	23.1	155	26.3
1959	6,023	23.4	154	25.6
1960	6,281	24.5	158	25.1
1961	6,105	23.8	137	22.4
1962	5,938	23.2	135	22.7
1963	5,859	22.8	123	21.0

ORDER OF BIRTH BY AGE OF MOTHER 1963
(Percentage of Total compared with 1962)

	10-14	15-19	20-24	25-29	30-34	35-39	40 +	Age Un- known	TOTAL	1963 % of TOTAL	1962 % of TOTAL
1st	2	506	1,058	307	108	30	8	-	2,019	34.55	35.00
2nd	-	175	691	441	186	70	9	-	1,572	26.8	26.2
3rd	-	21	273	316	210	87	18	-	925	15.8	17.1
4th	-	4	108	183	178	83	28	-	584	10.0	10.1
5th	-	-	37	105	89	67	24	-	322	5.5	4.9
6th & over	-	-	12	106	148	108	51	-	425	7.2	6.4
Unknown	-	-	-	-	-	-	-	12	12	.2	.3
	2	706	2,179	1,458	919	445	138	12	5,859	100.0	100.0

Table Showing Number of Births, Deaths, Infant Deaths And
Maternal Mortality With Rates For Winnipeg For Years 1911-1963 * **

YEAR	BIRTHS	RATE PER 1,000 pop.	DEATHS	RATE PER 1,000 pop.	INFANT DEATHS	RATE PER 1,000 L.B.	MATERNAL MORTALITY	RATE PER 1,000 L.B.
1911-15	5,369	29	2,022	11.1	813	152	35	6.5
1916-20	5,695	30	2,177	11.5	570	104	35	6.9
1921-25	5,371	27	1,677	8.5	415	77	25	4.7
1926-30	4,527	22	1,777	8.7	277	61	26	5.7
1931-35	3,944	18	1,512	6.9	170	43	20	5.1
1936-40	3,785	17	1,697	7.7	138	36	17	4.5
1941-45	4,037	18	1,985	8.7	159	39	10	2.3
1946-50	5,200	22	2,035	8.7	164	31	14	0.8
1951-55	5,639	23.2	2,220	9.2	140	24.8	4	0.7
1956-60	6,034	23.7	2,595	10.2	158	26.2	2	0.4
1959	6,023	23.4	2,738	10.6	154	25.6	2	0.3
1960	6,281	24.5	2,680	10.4	158	25.1	2	0.3
1961	6,105	23.8	2,566	10.0	137	22.4	3	0.5
1962	5,938	23.2	2,564	10.0	135	22.7	2	0.3
1963	5,859	22.8	2,745	10.7	123	21.0	2	0.3

Table Showing Number of Deaths and Rate Per 100,000 Population
From Certain Diseases for Winnipeg For The Years 1911 to 1963 * **

YEAR	T.B.	RATE PER 100,000 pop.	Acute Comm. Diseases #	RATE PER 100,000 pop.	DISEASES OF HEART	RATE PER 100,000 pop.	CANCER ALL FORMS	RATE PER 100,000 pop.
1911-15	131	72	142	78	117	64	87	48
1916-20	136	72	135	72	138	73	135	72
1921-25	94	48	65	33	174	88	178	90
1926-30	86	42	37	18	233	115	209	103
1931-35	65	29	15	7	308	141	268	123
1936-40	52	24	11	5	450	205	283	129
1941-45	51	22	8	4	613	270	324	143
1946-50	34	14	4	2	676	291	333	143
1951-55	20	8	1	0.4	804	334	412	169
1956-60	17	6.5	1	0.5	952	374	466	183
1959	15	6	-	-	1010	392	482	187
1960	18	7	1	0.3	1005	391	494	192
1961	10	4	1	0.3	917	357	465	181
1962	8	3	2	0.8	934	365	499	195
1963	12	5	-	-	913	356	512	200

* 1911-1930 include non-residents. 1931-1963 include residents only.

** 1911-1960 show average figures for the periods.

Measles, Scarlet Fever, Diphtheria, Whooping Cough.

LEADING CAUSES OF DEATHS, 1963, RESIDENTS ONLY

No.	CAUSE OF DEATH	<u>1 9 6 3</u>		<u>1 9 6 2</u>	
		Number of Deaths	% of Total Deaths	Number of Deaths	% of Total Deaths
1	Heart Diseases (410-443)	913	33.3	934	36.4
2	Malignant Neoplasms (140-205)	512	18.7	499	19.5
3	Vascular Lesions Affecting Central Nervous System (330-334)	315	11.5	276	10.8
4	Pneumonia (490-493)	198	7.2	136	5.3
5	Accidents, Poisonings & Violent Deaths (E800-E999)	164	6.0	144	5.6
6	Malformations and Diseases of Early Infancy (750-776)	112	4.1	122	4.7
7	Bronchitis (500-502)	39	1.4	26	1.0
8	Cirrhosis of Liver (581)	38	1.4	25	1.0
9	Diabetes Mellitus (260)	33	1.2	20	0.8
10	Ulcer of stomach and duodenum (540-541)	23	0.8	16	0.6
11	Intestinal Obstruction and Hernia (560-561, 570)	21	0.8	18	0.7
12	Pulmonary Tuberculosis (002)	12	0.4	8	0.3
13	Nephritis and Nephrosis (590-594)	9	0.3	17	0.7
14	Hypertension without mention of Heart (444-447)	3	0.1	11	0.4
	All other causes	353	12.8	312	12.2
	TOTAL	2,745	100.0	2,564	100.0

Causes of Death

The following pages give particulars of the number of deaths of Winnipeg residents for the year 1963 classified according to cause, age and sex. The causes of death are coded according to the Seventh Revision of the International Lists of Diseases and Causes of Death.

CHIEF CAUSES OF DEATH OF WINNIPEG RESIDENTS
IN CERTAIN AGE GROUPS 1963

No.	Cause of Death	Deaths in age group		Deaths at all ages	
		Number	Percent	Number	Percent
	<u>0 - 1 years</u>				
1	Immaturity	25	20.3	25	100.0
2	Birth Injuries	21	17.1	21	100.0
3	Congenital Malformations	15	12.2	34	44.1
4	Accidental Causes	14	11.4	164	8.5
5	Postnatal asphyxia & atelectasis	9	7.3	9	100.0
6	Infections of the Newborn	8	6.5	8	100.0
7	Pneumonia, excluding pneumonia of newborn	4	3.3	198	2.0
8	Haemolytic Disease of the Newborn	3	2.4	3	100.0
	All other causes	24	19.5	2283	1.1
	Total	123	100.0	2745	4.5
	<u>1 - 4 years</u>				
1	Malignant Neoplasms	5	27.8	512	1.0
2	Accidental Causes	5	27.8	164	3.0
3	Congenital malformations	3	16.7	34	8.8
4	Intestinal obstruction & hernia	1	5.5	21	4.8
5	Pneumonia all forms	1	5.5	198	0.5
	All other causes	3	16.7	1816	0.2
	Total	18	100.0	2745	0.7
	<u>5 - 14 years</u>				
1	Accidental causes	5	35.8	164	3.0
2	Malignant neoplasms	2	14.3	512	0.4
3	Pneumonia all forms	2	14.3	198	1.0
4	Congenital malformations	2	14.3	34	5.9
5	Diseases of the heart	1	7.1	913	.1
6	Vascular lesions affecting Central Nervous System	1	7.1	315	.3
7	Meningococcal septicaemia	1	7.1	2	50.0
	All other causes	-	-	607	-
	Total	14	100.0	2745	0.5
	<u>15 - 24 years</u>				
1	Motor vehicle accidents	13	28.9	41	31.7
2	Malignant neoplasms	6	13.4	512	1.2
3	Suicides	6	13.4	33	18.2
4	Diseases of the heart	2	4.4	913	0.2
5	Diabetes mellitus	2	4.4	33	6.1
6	Infectious Hepatitis	1	2.2	2	50.0
7	Epilepsy	1	2.2	3	33.3
8	Homicides	1	2.2	2	50.0
	All other causes	13	28.9	1206	1.1
	Total	45	100.0	2745	1.6

CHIEF CAUSES OF DEATH OF WINNIPEG RESIDENTS
IN CERTAIN AGE GROUPS 1963

No.	Cause of Death	Deaths in age group		Deaths at all ages	
		Number	Percent	Number	Percent
	<u>25 - 44 years</u>				
1	Malignant neoplasms	25	23.1	512	4.9
2	Diseases of the heart	17	15.7	913	1.9
3	Suicides	16	14.8	33	48.5
4	Vascular lesions affecting Central Nervous System	8	7.4	315	2.5
5	Motor vehicle accidents	6	5.6	41	14.6
6	Cirrhosis of the liver	3	2.8	38	7.9
7	Drowning	3	2.8	6	50.0
8	Epilepsy	2	1.9	3	66.7
	All other causes	28	25.9	884	3.2
	Total	108	100.0	2745	3.9
	<u>45 - 64 years</u>				
1	Diseases of the heart	173	34.7	913	18.9
2	Malignant neoplasms	138	27.7	512	27.0
3	Vascular lesions affecting Central Nervous System	42	8.4	315	13.3
4	Cirrhosis of the liver	19	3.8	38	50.0
5	Pneumonia all forms	17	3.4	198	8.8
6	Motor vehicle accidents	8	1.6	41	19.5
7	Suicides	7	1.4	33	21.2
8	Diabetes mellitus	7	1.4	33	21.2
	All other causes	88	17.6	662	13.3
	Total	499	100.0	2745	18.2
	<u>65 - 84 years</u>				
1	Diseases of the heart	595	37.8	913	65.2
2	Malignant Neoplasms	300	19.1	512	58.6
3	Vascular lesions affecting Central Nervous System	197	12.5	315	62.5
4	Pneumonia all forms	126	8.0	198	63.6
5	Bronchitis	29	1.8	39	74.4
6	Arteriosclerosis	22	1.4	48	45.8
7	Accidental falls	21	1.3	36	58.3
8	Diabetes mellitus	18	1.2	33	54.5
	All other causes	265	16.9	651	40.7
	Total	1573	100.0	2745	57.3
	<u>85 years and over</u>				
1	Diseases of the heart	125	34.2	913	13.7
2	Vascular lesions affecting Central Nervous System	65	17.8	315	7.1
3	Pneumonia all forms	47	12.9	198	23.7
4	Malignant neoplasms	36	9.9	512	7.0
5	Arteriosclerosis	22	6.0	48	45.8
6	Influenza	9	2.5	19	47.4
7	Accidental falls	7	1.9	36	19.4
8	Ulcers of stomach & duodenum	7	1.9	23	30.4
	All other causes	47	12.9	681	6.9
	Total	365	100.0	2745	13.3

DEATHS OF WINNIPEG RESIDENTS FROM MALIGNANT NEOPLASMS, BY AGE GROUPS, SEX AND SITE

Site	Total	Total		Age					
				0-44		45-64		65+	
		M	F	M	F	M	F	M	F
Buccal Cavity & Pharynx									
Tongue	1	1	-	-	-	-	-	1	-
Floor of Mouth	1	1	-	-	-	-	-	1	-
Oral Mesopharynx	1	1	-	-	-	1	-	-	-
Pharynx unspecified	2	2	-	-	-	1	-	1	-
Total	5	5	-	-	-	2	-	3	-
Digestive organs & Peritoneum									
Oesophagus	12	8	4	-	-	2	-	6	4
Stomach	63	38	25	1	2	6	6	31	17
Small Intestine including Duodenum	3	2	1	1	-	-	1	1	-
Large Intestine	49	31	18	1	1	8	4	22	13
Rectum	15	10	5	1	-	3	1	6	4
Biliary Passages & Liver (primary)	14	6	8	1	-	2	5	3	3
Liver, Secondary & unspecified	7	4	3	-	-	1	1	3	2
Pancreas	27	12	15	1	2	3	3	8	10
Peritoneum	2	-	2	-	1	-	1	-	-
Total	192	111	81	6	6	25	22	80	53
Respiratory System									
Nose, nasal cavities, etc.	1	1	-	-	-	-	-	1	-
Larynx	1	1	-	-	-	1	-	-	-
Bronchus, Trachea & Lung, (primary)	57	51	6	-	-	17	2	34	4
Lung unspecified	29	21	8	-	1	5	5	16	2
Total	88	74	14	-	1	23	7	51	6
Breast & Genito-urinary Organs									
Breast	38	1	37	-	2	1	18	-	17
Cervix Uteri	12	-	12	-	1	-	3	-	8
Corpus Uteri	6	-	6	-	-	-	4	-	2
Uterus, unspecified	7	-	7	-	-	-	3	-	4
Ovary, Fallopian tube, etc.	22	-	22	-	3	-	8	-	11
Other female genital organs	1	-	1	-	-	-	-	-	1
Prostate	31	31	-	-	-	1	-	30	-
Unspecified male genital organs	1	1	-	-	-	-	-	1	-
Kidney	9	7	2	-	-	1	-	6	2
Bladder & other urinary organs	15	11	4	-	-	2	1	9	3
Total	142	51	91	-	6	5	37	46	48
Other & Unspecified Sites									
Melanoma of skin	1	1	-	-	-	1	-	-	-
Other skin	6	3	3	-	-	-	-	3	3
Eye	1	-	1	-	1	-	-	-	-
Brain and other nervous system	14	7	7	2	3	4	3	1	1
Thyroid gland	3	1	2	-	-	-	1	1	1
Other endocrine glands	1	-	1	-	1	-	-	-	-
Bone	2	-	2	-	-	-	-	-	2
Other & unspecified sites	4	3	1	-	-	-	1	3	-
Total	32	15	17	2	5	5	5	8	7
Lymphatic & Haematopoietic Tissues									
Lympho, and Reticulo Sarcoma	12	8	4	1	-	-	2	7	2
Hodgkin's Disease	6	3	3	3	1	-	1	-	1
Other forms of Lymphoma	1	-	1	-	1	-	-	-	-
Multiple Myeloma	8	6	2	-	-	3	-	3	2
Leukaemia & Aleukaemia	26	10	16	2	4	1	3	7	9
Total	53	27	26	6	6	4	6	17	14
Total All Sites	512	283	229	14	24	64	77	205	128

DEATHS TO WINNIPEG RESIDENTS BY CAUSE, AGE AND SEX - 1963

CAUSE	Male	Female	0 - 28 days	29d. - 1 yr.	1 - 2 yrs	3 - 4 yrs.	5 - 14 yrs.	15 - 24 yrs.	25 - 34 yrs.	35 - 44 yrs.	45 - 54 yrs.	55 - 64 yrs.	65 - 69 yrs.	70 - 79 yrs.	80 - 89 yrs.	90 yrs. +	TOTAL
Pulmonary Tuberculosis (002)	6	9							1				2	6	3		12
Other T.B. of respiratory system (001, 003 - 008)	-	-															
Syphilis and its sequelae (020 - 029)	-	-															
Malignant neoplasms including neoplasms of lymphatic and haemotopoietic tissues (140 - 205)	282	230		4	1	1	2	6	8	17	49	89	65	176	87	8	512
Benign and unspecified neoplasms (210 - 239)	2	6						1	1	1	1	2	1		1		8
Diabetes Mellitus (260)	11	22						2			1	6	4	10	8	2	33
Anaemia (290 - 293)	3	5							1					4	3		8
Vascular lesions affecting central nervous system (330 - 334)	140	175		1			1	1	1	7	15	27	23	106	109	24	315
Nonmeningococcal Meningitis (340)	-	1															1
Chronic Rheumatic Heart Disease (410 - 416)	7	15						1	2	2	5	4	6	2			22

Cause	Male	Female	0 - 28 days	29 d. - 1 yr.	1 - 2 yrs.	3 - 4 yrs.	5 - 14 yrs.	15 - 24 yrs.	25 - 34 yrs.	35 - 44 yrs.	45 - 54 yrs.	55 - 64 yrs.	65 - 69 yrs.	70 - 79 yrs.	80 - 89 yrs.	90 yrs. +	Total
Arteriosclerotic and degenerative Heart Diseases (420-422)	519	298					1	1	1	9	40	110	104	316	201	34	817
Other Diseases of Heart (430-434)	19	15							1	2	2	4	4	9	12		34
Hypertension with heart disease (440-443)	15	25									3	5	3	12	12	5	40
Total Heart Diseases (410-443)	560	353					1	2	4	13	50	123	117	339	225	39	913
Hypertension without mention of Heart (444-447)	1	2												1	2		3
Influenza (480-483)	7	12											1	5	8	5	19
Pneumonia (490-493)	118	80		4	1		2		1		4	13	17	59	84	13	198
Bronchitis (500-502)	33	6										6	3	18	11	1	39
Ulcer of stomach and duodenum (540-541)	18	5									2	1	1	8	9	2	23
Appendicitis (550-553)	1	-													1		1
Intestinal Obstruction and Hernia (560, 561, 570)	9	12	1	1	1				1	1		3	1	7	3	2	21

Cause	Male	Female	0 - 28 days	29 d. - 1 yr.	1 - 2 yrs.	3 - 4 yrs.	5 - 14 yrs.	15 - 24 yrs.	25 - 34 yrs.	35 - 44 yrs.	45 - 54 yrs.	55 - 64 yrs.	65 - 69 yrs.	70 - 79 yrs.	80 - 89 yrs.	90 yrs. +	Total
Gastritis, Duodenitis, Enteritis and Colitis, except diarrhoea of the newborn (543, 571-572)	3	3	2											2	2		6
Cirrhosis of Liver (581)	23	15						1	1	2	12	7	5	8	3		38
Nephritis and Nephrosis (590-594)	5	4						1			1	1		4	2		9
Hyperplasia of prostate (610)	8	-											1	4	1	2	8
Complications of pregnancy, childbirth and the puerperium (640-652, 670-689)	-	2						1	1								2
Congenital malformations (750-759)	19	15	11	8	3		2	1	2	1	1	3		2			34
Birth Injuries, postnatal asphyxia and atelectasis (760-762)	19	11	28	2													30
Infections of the newborn (763-768)	6	2	8														8
Other diseases peculiar to early infancy and immaturity, unqualified (769-776)	26	14	40														40
Totals 750 - 776	70	42	87	10	3		2	1	2	1	1	3		2			112

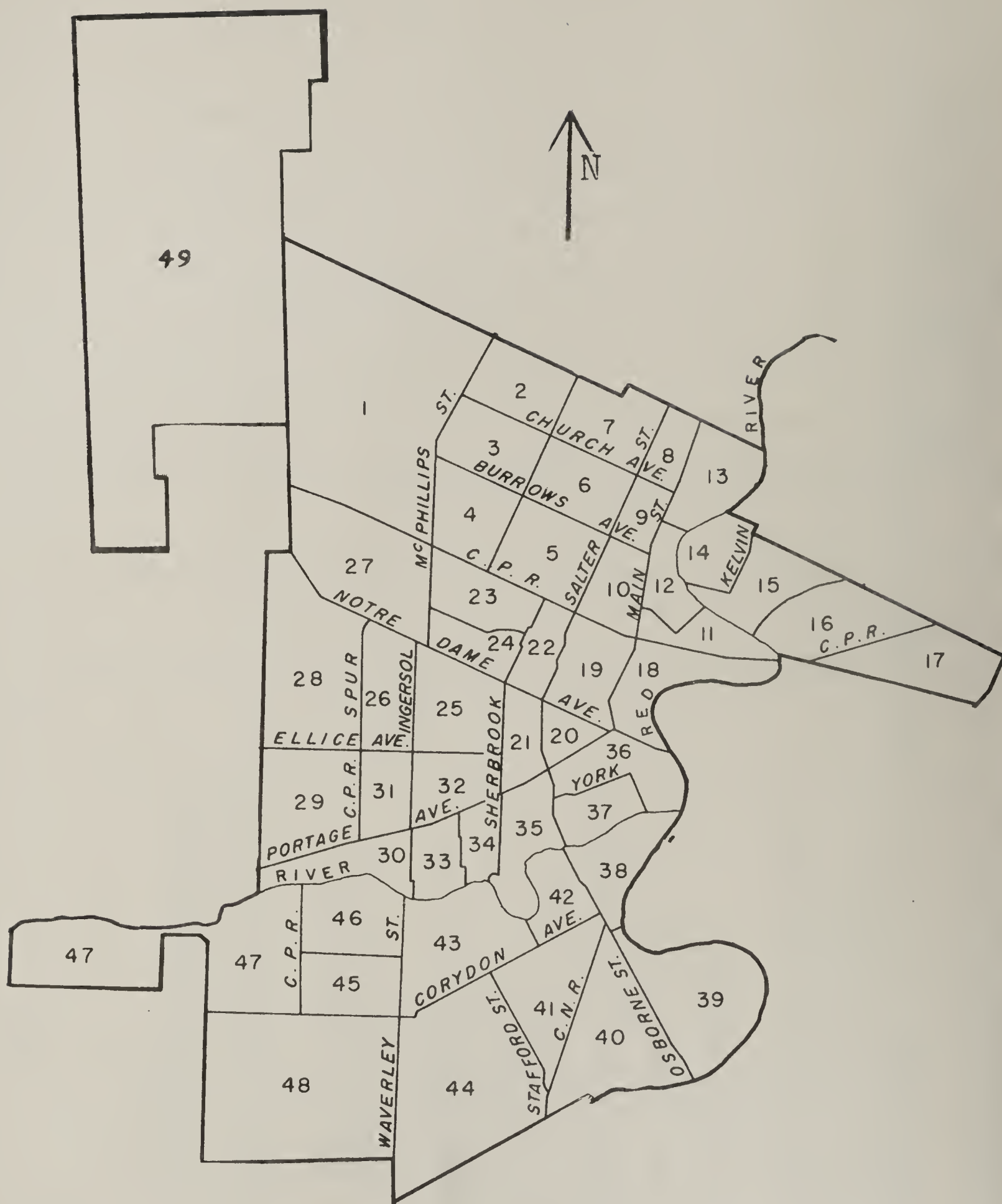
Cause	Male	Female	0 - 28 days	29d. - 1 yr.	1 - 2 yrs.	3 - 4 yrs.	5 - 14 yrs.	15 - 24 yrs.	25 - 34 yrs.	35 - 44 yrs.	45 - 54 yrs.	55 - 64 yrs.	65 - 69 yrs.	70 - 79 yrs.	80 - 89 yrs.	90 yrs. +	Total
Senility without mention of psychosis, ill-defined and unknown causes (780-795)	2	3										2			2	1	5
<u>Accidents, Poisonings and Violence (External Cause)</u>																	
Motor vehicle accidents (E810-E835)	33	8				1	3	13	3	3	7	1	2	5	3		41
All other accidents (E800-802, E.840-965)	46	42		14	4		2	7	8	2	9	6	4	18	9	5	88
Suicide and self-inflicted injury (E970-979)	26	7						6	10	6	3	4	3		1		33
Homicide and operations of war (E980-999)	2							1				1					2
Total Violent Deaths (E800-999)	107	57		14	4	1	5	27	21	11	19	12	9	23	13	5	164
All other diseases (residual)	169	126	-	3	2	1	1	4	1	10	18	31	27	104	75	18	295
GRAND TOTALS	1578	1167	88	35	15	3	14	45	44	64	165	314	297	387	652	122	2745

INFANT DEATHS, WINNIPEG RESIDENTS, FOR THE YEAR 1963 - BY CAUSE, AGE AND SEX

Code Number	Cause of Death	Total	Male	Female	0-7 Days		8-14 Days		15-21 Days		22-d. - 1 mo.		1 mo. - 1 yr.	
					M	F	M	F	M	F	M	F	M	F
751	Spina Bifida and Meningocele	4	1	3		1							1	2
754	Congenital malformations circulatory system	6	4	2	2								2	2
750, 752, 753 755-759	All other congenital malformations	9	5	4	5	3								1
760-761	Birth Injuries	21	13	8	13	7		1						
762	Postnatal Asphyxia and Atelectasis	9	6	3	5	1		1					1	1
763	Pneumonia of newborn	6	4	2	4	2								
764	Diarrhoea of newborn	-	-	-										
767-768	Umbilical and other sepsis of newborn	2	2	-			1		1					
770	Haemolytic diseases of newborn (Erythroblastosis)	3	-	3	3									
769, 771, 772	All other defined diseases of early infancy	3	2	1	2	1								
773	Ill-defined diseases peculiar to early infancy	9	9	-										
774-776	Immaturity with subsidiary condition or unqualified	25	15	10	15	10								
	All other causes	26	14	12	1								13	12
	TOTALS	123	75	48	59	25	1	2	1	-	-	-	17	18

DETAILS OF INFANT DEATHS LISTED IN "ALL OTHER CAUSES" FOR 1963 RESIDENTS

Code Number	Cause of Death	Total	Male	Female	0-7 Days		8-14 Days		15-21 Days		22 d. - 1 mo.		1 mo. - 1 yr.	
					M	F	M	F	M	F	M	F	M	F
057.0	Meningococcal meningitis	1	1	-									1	
296	Purpura and other haemorrhagic conditions	1	-	1										1
331	Cerebral haemorrhage	1	1	-									1	
492	Primary atypical pneumonia	3	1	2									1	2
493	Pneumonia, other and unspecified	1	-	1										1
560.4	Hernia of other specified site	2	1	1	1									1
571.0	Gastro-enteritis and colitis	2	1	1									1	1
600.0	Pyelitis, pyelocystitis and pyelonephritis	1	1	-									1	
916	Accident caused by fire and explosion of combustible material	1	-	1										1
921	Inhalation and ingestion of food	10	8	2									8	2
925	Accidental mechanical suffocation in other and unspecified circumstances	3	-	3										3
	TOTAL	26	14	12	1	-	-	-	-	-	-	-	13	12



City of Winnipeg - Statistical Districts

INFANT MORTALITY, 1963, BY DISTRICTS - Residents Only

DISTRICT	LIVE BIRTHS	INFANT DEATHS						STILL-BIRTHS		PUERPERAL DEATHS	
		Total		0-14 days		15d.-1 yr.					
		No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
1	166	2	1.2	1	.6	1	.6	1	.6	1	.6
2	58	2	3.4	1	1.7	1	1.7	-	-	-	-
3	123	-	-	-	-	-	-	3	2.4	-	-
4	92	2	2.2	2	2.2	-	-	-	-	-	-
5	251	7	2.8	3	1.2	4	1.6	1	.4	-	-
6	214	5	2.3	4	1.9	1	.4	1	.5	-	-
7	132	3	2.3	3	2.3	-	-	-	-	-	-
8	90	3	3.3	2	2.2	1	1.1	1	1.1	-	-
9	124	2	1.6	1	.8	1	.8	1	.8	-	-
10	126	2	1.6	2	1.6	-	-	3	2.4	-	-
11	34	1	2.9	-	-	1	2.9	1	2.9	-	-
12	81	-	-	-	-	-	-	2	2.5	-	-
13	114	3	2.6	2	1.8	1	.8	6	5.3	-	-
14	71	1	1.4	1	1.4	-	-	1	1.4	-	-
15	105	4	3.8	2	1.9	2	1.9	4	3.8	1	1.0
16	133	2	1.5	2	1.5	-	-	4	3.0	-	-
17	120	1	.8	1	.8	-	-	3	2.5	-	-
18	28	4	14.3	2	7.2	2	7.1	1	3.6	-	-
19	116	3	2.6	-	-	3	2.6	5	4.3	-	-
20	63	4	6.3	4	6.3	-	-	1	1.6	-	-
21	216	5	2.3	4	1.9	1	.4	6	2.8	-	-
22	136	5	3.7	3	2.2	2	1.5	1	.7	-	-
23	61	1	1.6	-	-	1	1.6	1	1.6	-	-
24	97	1	1.0	1	1.0	-	-	2	2.1	-	-
25	324	7	2.2	5	1.6	2	.6	3	.9	-	-
26	81	4	4.9	4	4.9	-	-	3	3.7	-	-
27	218	4	1.8	3	1.4	1	.4	1	.5	-	-
28	35	-	-	-	-	-	-	-	-	-	-
29	78	1	1.3	1	1.3	-	-	1	1.3	-	-
30	91	5	5.5	4	4.4	1	1.1	1	1.1	-	-
31	59	1	1.7	1	1.7	-	-	1	1.7	-	-
32	212	2	.9	1	.5	1	.5	3	1.4	-	-
33	171	1	.6	1	.6	-	-	3	1.8	-	-
34	142	4	2.8	3	2.1	1	.7	3	2.1	-	-
35	191	4	2.1	4	2.1	-	-	5	2.6	-	-
36	23	1	4.3	1	4.3	-	-	-	-	-	-
37	62	1	1.6	1	1.6	-	-	-	-	-	-
38	196	3	1.5	2	1.0	1	.5	2	1.0	-	-
39	83	1	1.2	1	1.2	-	-	1	1.2	-	-
40	150	4	2.7	3	2.0	1	.7	1	.7	-	-
41	187	1	.5	1	.5	-	-	1	.5	-	-
42	134	4	3.0	3	2.2	1	.8	1	.7	-	-
43	147	3	2.0	2	1.3	1	.7	1	.7	-	-
44	114	3	2.6	2	1.8	1	.8	3	2.6	-	-
45	49	2	4.1	1	2.0	1	2.0	3	6.1	-	-
46	55	-	-	-	-	-	-	-	-	-	-
47	69	1	1.4	1	1.4	-	-	2	2.9	-	-
48	229	3	1.3	1	.4	2	.9	-	-	-	-
49	8	-	-	-	-	-	-	-	-	-	-
TOTAL	5,859	123	2.1	87	1.5	36	.6	88	1.5	2	-
Rates per 1,000 L.B.		21.0		14.9		6.1		15.0		.3	

* Rate Per 100 Live Births.

INFECTIOUS DISEASES 1963

Reporting of infectious diseases is frequently incomplete. This is well known to occur in Winnipeg, as it does elsewhere, but as this happens to approximately the same extent every year we usually have a satisfactory knowledge of the total number of cases occurring for any particular disease during the year. Some diseases are better reported because contacts are given gamma globulin protection which is supplied by the Health Department free of charge. Complete reporting is also the case with diseases requiring bacteriological and/or serological confirmation by a Laboratory as the Director of the Laboratory will also report the condition when a positive test is detected by his staff.

Chicken-pox, erysipelas, measles, mumps and influenza are no longer reportable diseases except under special circumstances. This does not mean that they are completely innocuous and that no harm can result from them. These diseases are responsible for a great deal of morbidity and suffering especially among our school population and result in considerable absenteeism of school children. Very occasionally serious complications arise, e.g. encephalitis is a rare complication of measles but it may result in permanent disability in a child. Complications of this nature are made known to the Health Department but ordinary cases of the above diseases are not usually reported as in the majority of them no practical means of epidemiologic control are presently available. In the case of measles we are prepared to say that great hopes for a satisfactory control are expected in the near future as a result of the recent development of a variety of measles vaccines. Some of these vaccines were licensed for use in Canada during 1963 and many pediatricians in the City are already offering them to their private patients. It is too early to say whether the use of these vaccines will become established in the future as part of a general immunization program for all children; it may well be, especially if further perfection of the vaccines is achieved. Suffice it to say at present that their use appears to be indicated for chronically ill children, handicapped children and other special groups.

The development of new immunizing agents along these lines definitely represents a major breakthrough in the control of viral diseases which in the past were considered to be virtually uncontrollable and their listing in the past history of a child's illnesses considered almost a necessity in our community, with unfortunately an occasional death toll and not infrequently some degree of permanent disability.

The incidence of the above-mentioned viral and other communicable diseases of children is carefully followed by the public health nurses in the City schools throughout the year; illnesses amongst pupils are recorded and a report is submitted to our nursing office. This keeps us informed about the occurrence of non-reportable infectious diseases and supplements the idea we have for reportable, but as previously explained, incompletely reported diseases. Unfortunately this is useful only for school age children and during that part of the year when schools operate. In spite of these drawbacks this system is valuable and this effort is going to be kept as a system of achieving a better index of the state of community health from the viewpoint of infectious diseases.

Comments on Particular Infectious Diseases

1. Impetigo

This is a common cause of absenteeism from schools. Minor cases are often treated at home following instructions given by the school nurse. White precipitate ointment, a time-honoured effective remedy, has been used for years in our schools with fairly good results. Thousands of small tins containing this ointment are provided to school nurses every year and handed out to affected children. Cases of impetigo of any severity are excluded from school to prevent the spread, and whenever necessary parents are urged to seek medical advice. Some cases are truly resistant to treatment and require persistent systematic therapy and meticulous personal hygiene; the parents' full co-operation is needed and occasionally this cannot be obtained, and this is responsible for some failures of treatment. In recent years antibiotic ointments have been extensively used for the treatment of skin infections. Accumulated experience has clearly shown that these are the most effective agents available. In particular neomycin ointment appears very efficacious and may shorten the period of recovery to a minimum. After giving the matter considerable thought and after consultation with pediatricians and dermatologists the decision was made to substitute for white precipitate the neomycin ointment as the standard treatment of impetigo in schools. The former preparation is of very low cost but as the use of the latter may shorten the period of recovery and thus reduce absenteeism in schools the extra expenditure appears justified. The new product will be used during the coming year, 1964, as soon as present supplies of white precipitate are exhausted.

2. Ringworm

Ringworm skin infection is not a common skin disease but it does occur and usually affects the scalp area although the glabrous skin is not immune to it. Many such infections are transmitted to man, usually children of school age, from pets and other animals. Facilities are provided for free examination of cats and dogs by a veterinarian. Children are excluded from school until recovery is effected to prevent spread of the infection.

3. Infectious Hepatitis

One hundred and thirty-four cases of hepatitis were reported in 1963 which is essentially the same as in the previous year when a total of 131 cases was recorded. This disease is more completely reported than any other as free gamma globulin is provided by the Health Department for passive protection of family contacts. Our experience with gamma globulin in connection with this disease has been excellent as it appears to be very efficacious in providing immunity to contacts.

The mortality of this disease is small, usually of the order of 0.2%. However you will note that we were unfortunate to have two deaths amongst the 134 cases reported in 1963. One case was that of an 80 year old man and age was probably the factor responsible. The other was an 18 year old girl; the disease was of insidious onset and she was sick for weeks before typical symptoms became manifest; then the illness progressed to an unusual degree of severity and she died in coma from liver destruction.

Many cases of hepatitis occur in areas of the City where poor housing and overcrowding is known to prevail, which is in keeping with the

epidemiological features of this illness. As the virus causing this illness has not been isolated to date there are no vaccines available for immunization of the population.

4. Whooping Cough

This disease is still included in the list of notifiable illnesses. Only 10 cases were reported during the year but it is quite possible that many more have been missed. This condition was at one time responsible for considerable morbidity in infants and young children and a definite death toll was paid annually as a result of serious complications, especially in small infants. When a potent immunizing vaccine became available for general use this disease became one of very minor importance. It is believed, however, by many epidemiologists and pediatricians that partial immunity, the result of vaccination, may not prevent some patients from contracting a modified mild attack lacking the typical clinical characteristics of the disease; such cases are therefore difficult to recognize as whooping cough unless the practicing physician maintains a high degree of suspicion and insists on carrying out bacteriological tests in all doubtful cases.

5. Poliomyelitis

We are again very happy to be able to say that another poliomyelitis free year has elapsed. In fact there was only one case in Winnipeg since 1959. Remembering the serious epidemics that we had in this City during the previous decade we can only rejoice with these results. We must keep in mind however that to maintain this happy state of affairs we must continue immunizing our population regularly. People unfortunately tend to forget the potential dangers of an illness when there are no recent cases to remind them of its existence and this may lead to a relaxation of safety measures. We wish to emphasize the importance of not letting this happen to us or else the disease will reappear. The Health Department continuously urges our citizens to have themselves and their children immunized with Salk vaccine, including necessary periodic booster shots. We ourselves carry out most of the booster immunizations in the City schools and we also handle a large number of primary and booster injections of preschool children in Child Health Centers and immunization clinics scattered throughout the City and operated by us. Many of these centers are located in the poorer areas where interest and co-operation of some parents is rather poor; our public health nurses do a most remarkable job in those areas trying to get these parents to come down to the clinics and have their children immunized. They often literally take them by the hand and bring them down themselves.

In addition to the Salk program described above, a mass feeding of our population with oral Sabin living poliovirus vaccine is being planned in conjunction with a Province-wide effort for the Spring of 1964 as was done in 1962. This is aimed not only to provide individual immunity but also represents an attempt to eradicate the existence of wild polio viruses in the community. Sabin vaccine has been used so far in this country only as part of mass immunizing programmes. It is foreseen that in the not too distant future this agent may become available for regular individual immunizing schedules.

6. Measles

Certain points about this disease have already been discussed. During 1963 at least 940 cases were made known to us through the schools which

is slightly more than the previous year when 882 cases were recorded. It is the second year in succession that this illness reached epidemic proportions in Winnipeg. We noted in last year's report that the use of new measles vaccine was not officially accepted in Canada and still considered to be in the experimental state. This year we are able to state that these products have been licensed and that their usefulness and safety has been fairly well established. We sincerely hope that in years to come a much greater benefit will be derived from these and similar immunizing agents which will enable us to completely control measles and other viral infectious diseases of childhood.

7. Mumps

This was a year during which mumps really took epidemic proportions in Winnipeg. Our idea about its incidence is very incomplete but at least 629 cases were reported through various schools. Under-reporting is so common because the disease is not notifiable, because no quarantine of contacts is observed, and because in the great majority of cases it runs a benign course without serious complications, at least in school-aged children. There is no specific treatment. No vaccines are available although some medical investigators are developing such products; these latter do not appear at the moment to have as high a significance as in the case of measles vaccine.

8. Diphtheria

There were 3 cases of diphtheria during the year as compared with 8 last year and no deaths were recorded. In 1962 there were 2 deaths. Six persons were reported as diphtheria carriers in comparison to 13 found the previous year.

All cases and carriers were confined to the members of two families; one was living on Jarvis Avenue and one on Alfred Avenue. The first case, a 7 year old child, had been initially immunized but had no booster since 1957. A 2 year old girl, sister of the above case, had only a single injection of a quadruple vaccine in 1961, which is obviously inadequate. Only the third case had been fully immunized including boosters.

9. Dysentery

There were 26 cases of bacillary dysentery reported during the year. These were more than in 1962, partly perhaps due to better reporting. Public health nurses or a doctor visit the homes where the cases have occurred and instruct the people involved how to avoid the spread of the infection to other members of the family. In the case of children we see that they do not return to school until they have recovered from the disease.

We had 144 cases of "unspecified" dysentery reported in 1963 in contrast to only 2 cases during the previous year. Our explanation about this fact is that an unusually great number of viral infections have occurred this year in Winnipeg. Many of these infections had abdominal manifestations, including diarrhoea. Treating physicians have considered these diarrhoea cases, especially when more severe than usual, as "unspecified dysentery" and reported them as such. In our opinion these cases were due to viral enteritis and recovery without consequences was the rule.

10. Encephalitis

In spite of an epidemic of encephalitis in Saskatchewan, some of the cases of which were due to Western Equine Virus, there were no confirmed cases of this disease in the City of Winnipeg during the year. Cases reported to have encephalitic symptoms were in most instances due to measles or mumps. The same applies to cases of viral or aseptic meningitis of which we had 16 reported cases.

11. Meningococcal Meningitis

There were 2 cases of meningococcal meningitis reported. Unfortunately one of them terminated fatally. This was a two-month-old infant.

The second case was that of a 5-month-old infant. This case was treated at the Children's Hospital and recovered uneventfully. Three siblings from the same family had a swab taken from their throat and they were then given prophylactic treatment with sulphonamides. One of these girls had a mild fever and was not feeling well when the culture was taken. This culture subsequently showed a growth of meningococcus. The prophylactic chemotherapy given was obviously of great value.

12. Diarrhoea of the New Born

Fourteen cases were reported, most of them by the Children's Hospital. Very few were noted when the infant was still in the nursery. All were sporadic and no epidemic tendencies were observed. There were no deaths.

13. Scarlet fever

There were 89 cases of "scarlet fever" reported. It was very interesting to note that there was a great concentration of cases in the south-west part of the City, around the Corydon-Kenaston area where Army personnel have their residence. The children affected were mostly between the students of three local schools. We were unable to determine why this localized geographic distribution of the disease had taken place. Investigation of local recreation facilities did not reveal anything unusual. While a great number of these reported cases were probably Scarlet Fever as reported by the attending physicians we have reasons to suspect that others were due to viral infections with atypical skin rashes resembling scarlet fever. This is more in keeping with the epidemiology of this outbreak and is substantiated by the fact that several throat cultures of cases and contacts failed to grow hemolytic streptococci. Some pediatricians also expressed the same view and a few diagnosed similar cases in the area as "fifth disease or erythema infectiosum" which is a rather mild virus infection with an evanescent skin rash. As many of the reported scarlet fever cases were very mild it is quite probably that they were really due to fifth disease or other viral infections.

14. Food poisoning

There were a few outbreaks of food poisoning last year, four of which came to our attention and were investigated by us. Three of these occurred in the early Fall and the unusually mild weather that prevailed in Winnipeg at the time probably contributed to spoiling of foodstuffs consumed which led to the outbreak.

In three of the outbreaks private caterers had served the food. The epidemiologic character of these outbreaks suggests staphylococcal enterotoxin poisoning. One particular outbreak affected a great number of persons attending a religious convention in Winnipeg. Potato salad which was left at room temperature for a while before it was served was incriminated and one of the workers involved in its preparation was found to have a "sore finger" which could have been the source of contamination with staphylococci. We were able to find this person only three days later and by that time the lesion was dry and healing, so that no final proof was obtained on that matter but it remains highly suspicious.

Our food inspectors constantly carry out, in the course of inspecting food establishments, an educational campaign trying to point out to food handlers the principles of hygienic and safe handling of food materials. We do not doubt that these measures are effective but people are not infallible and every now and then some error leads to an undesirable incident.

The last outbreak, however, was one that despite careful investigation no such fault could be demonstrated and the etiology remains a mystery. This food poisoning episode affected boys and girls staying at the residence of a Winnipeg College. The kitchen of this establishment was inspected and found to be of high standard from a hygienic point of view and the history of preparation of the meal that led to the outbreak failed to reveal any suspicious mistake. Bacteriological examination of incriminated food remnants was negative and so was the case with stool cultures from affected students. The majority of the cases were mild and although one girl had to be admitted to hospital, they all recovered uneventfully, mostly within twenty-four hours. The cause of the above, as already stated, is obscure.

Summary and Conclusions

Infectious diseases in Winnipeg during 1963 were really minimal and our figures would compare favourably with any city of comparable population in North America and the civilized world. Some of the diseases that have at one time been serious and deadly or seriously disabling have virtually disappeared. Typhoid, paratyphoid, poliomyelitis, diphtheria, have not caused a single death during the year and of the three first we did not even have a case. This happy state of affairs is due to both improved hygienic and sanitary standards on the one hand and to effective immunization in the case of diphtheria and polio. While our sanitary standards are not expected to become worse in coming years, we do express the fear that as the community tends to forget these diseases when no new cases occur this may lead people to a relaxation in observing that their children be regularly immunized and boosted; this may cause a re-appearance of these diseases and our role as a Department of Public Health is to see that this will not happen. This is not an easy task as co-operation of some parents is not the best and our nurses are obliged, especially in some areas to carry out almost a door-to-door campaign. In the case of tuberculosis, which has been dealt with separately in this report, deaths and new cases continue to occur every year and although the incidence of this disease is not alarming any more, yet more is needed for its complete eradication.

Finally, for the first time in long years a major breakthrough in the advent of new viral immunizing agents throws the hope that greatly prevalent illnesses such as measles may be totally controlled in the near future, a thing that was not hoped for or suspected a few years ago.

TABLE OF REPORTABLE INFECTIOUS DISEASES

CASES AND DEATHS REPORTED

	<u>1963</u>		<u>1962</u>	
	<u>CASES</u>	<u>DEATHS</u>	<u>CASES</u>	<u>DEATHS</u>
Diarrhoea, of the New Born	14	0	0	0
Diphtheria	3	0	8	2
Diphtheria Carriers	6	0	13	0
Dysentery, Amoebic	0	0	0	0
Dysentery, Bacillary	26	0	4	0
Dysentery, Unspecified	144	0	2	0
Encephalitis, Infectious	0	0	0	0
Hepatitis, Infectious	134	2	131	0
Meningitis, (Meningococcal)	2	1	2	0
Meningitis, (Viral or Aseptic)	16	1	2	0
Paratyphoid Fever	0	0	0	0
Paratyphoid Fever Carriers	0	0	0	0
Poliomyelitis	0	0	0	0
Scarlet Fever	89	0	47	0
Smallpox	0	0	0	0
Tuberculosis, Pulmonary	57	12	61	6
Typhoid Fever	0	0	0	0
Typhoid Fever Carriers	0	0	0	0
Undulant Fever	2	0	2	0
Whooping Cough	10	0	8	0
	<u>503</u>	<u>16</u>	<u>280</u>	<u>8</u>

TUBERCULOSIS CONTROL 1963

I DEATHS

During 1963 there was an increase of tuberculosis deaths to a total of 12 as compared with a total of 7 in 1962 and 10 in 1961. Whereas this increase is probably not alarming -- the overall number of deaths being quite low in proportion to the population -- yet it constantly reminds us that this dreaded disease is not extinct and it is only through constant effort and fight that we can guard against its threatened expansion.

<u>Year</u>	<u>Number</u>	<u>Rate per 100,000</u>
1910	164	123.6
1940	52	23.0
1950	21	8.3
1960	16	6.3
1961	10	3.8
1962	7	2.7
1963	12	4.7

<u>Age Groups</u>	<u>Number of Deaths</u>
0 - 19	0
20 - 39	1
40 - 69	2
70 +	9
Total	<u>12</u>

It is to be noted that as in previous years the elderly population is predominantly affected. This has been the trend in most other civilized communities throughout the western hemisphere.

II NEW ACTIVE CASES OF TUBERCULOSIS IN 1963

In tuberculosis, the number of deaths usually parallels the number of newly discovered active cases. In 1963, 74 such cases were discovered and reported, which is 9 cases more than in the previous year. This is in keeping, therefore, with the previously noted increase in the total number of deaths.

	<u>New Cases</u>	<u>Rate per 100,000 population</u>	<u>Found on Surveys</u>
1959	79	26.5	4
1960	45	17.4	4
1961	68	26.5	3
1962	65	25.3	4
1963	74	28.8	6

Ages of newly discovered active cases, show that the greatest number of these were found between the ages of 60 and 79. On the other hand there were no cases found below the age of 4 years.

<u>Age Group</u>	<u>Number of New Cases</u>	<u>Reactivations</u>
0 - 4	0	-
5 - 14	6	-
15 - 24	9	1
25 - 39	13	3
40 - 59	18	5
60 - 79	20	3
80 +	8	1
Total	<u>74</u>	<u>13</u>

The number of reactivated cases did not follow the same pattern and is actually lower than the previous year, with a total of 13 cases, as compared with 18 in 1962. This may be the reflection of a closer follow-up of known cases.

How New Active Cases and Reactivations Were Discovered

	<u>New</u>	<u>Reactivations</u>
General Hospitals	37	4
Private Physicians	22	5
Community Surveys	6	-
Chest Clinics	4	4
Vital Statistics	5	-
	<u>74</u>	<u>13</u>

It is noted that the two most rewarding methods of case finding is the diagnostic work performed by the practising physicians and the General Hospitals. Routine chest x-rays of patients presenting with a variety of complaints is being done with an increasing frequency.

Classification of New and Reactivated Cases for 1963

		<u>New Cases</u>	<u>Reactivations</u>
PULMONARY	Primary	2	-
	Minimal	21	-
	Moderately advanced	16	4
	Far advanced	7	2
	Unclassified	4	-
	Total	50	6
EXTRA PULMONARY	Pleurisy	3	2
	Glandular	6	-
	Renal	7	2
	Bone	4	2
	Meningeal	1	-
	Miliary	2	-
	Peritonitis	1	-
	Other	-	1
	Total	<u>24</u>	<u>7</u>
	TOTAL	<u>74</u>	<u>13</u>

III SURVEYS

Tuberculin Tests were carried out as usual in schools and selected industries by the Sanatorium Board of Manitoba:

	<u>Tests</u>	<u>Tests Read</u>	<u>Positive</u>	<u>Negative</u>
Schools and Colleges	11,803	11,073	611	10,462
%		93.8	5.5	94.5
Industrial	4,197	3,926	1,452	2,474
%		93.5	37.0	63.0
Total	16,000	14,999	2,063	12,936
%		93.7	13.8	86.2

5.5% of tests were positive in the schools among students examined.
37% were positive among industrial workers.

Positive reactors were subsequently submitted to an x-ray examination and it will be noted that 6 new active cases were detected in this way. (Five were found during last year's surveys). No active case of tuberculosis was found among school children this year.

X-ray Surveys in Winnipeg 1963

	<u>Number</u>	<u>New Active Cases</u>
Industrial	4,543	3
Schools and Colleges	3,292	-
National Employment Service	5,767	2
Central Tuberculosis Clinic, Survey Unit	<u>1,302</u>	<u>1</u>
	<u>14,904</u>	<u>6</u>
Admissions to Sanatoria	61	
Re-admissions to Sanatoria	5	
Discharges from Sanatoria	46	

Average number of cases under supervision by the City Health Department -- 929

The number of re-admissions to sanatoria was only 5 in 1963 in comparison with 18 in 1962. This may again be the reflection of adequate supervision of old cases.

IV SUMMARY

At the turn of the century tuberculosis was the most frequent cause of death in the civilized part of the world. With the development of epidemiological and overall public health measures, the first and greatest improvement in the control of this disease occurred in the first few decades. With the advent of chemotherapy during the last twenty years, a further limitation of the disease was achieved and the eventual disappearance of tuberculosis as a major cause of death and disability appeared as being possible. In the last few years, however, this has not occurred and a toll is still being paid yearly for this disease.

Poor locality and depressed socio-economic conditions influence adversely the prevalence of this disease and this has been repeatedly demonstrated to be a major factor in this city year after year.

The main efforts of the City Health Department are in the direction of supervising discovered cases as they are treated at home following initial therapy in a hospital or sanatorium. We also see that these patients come back regularly for x-rays and medical examinations after they have been declared inactive to safeguard against possible relapses. Also to ensure that all close contacts of active cases are properly investigated.

During 1963 there were 929 cases under supervision by the city public health nurses, who keep performing the most vital part of this operation of tuberculosis control.

Finally, we would like to extend our thanks to all those who assisted in this work, especially the Sanatorium Board of Manitoba, without the help of which no achievement of any kind would be possible. We all realize that no further progress can be made in this disease without the constant co-operation of all the organizations concerned with its control.

CHILD DENTAL SERVICES

The program of the Child Dental Services Branch is centered around four major categories of service:

Dental Health Education
Studies of the local Dental Health Program
Utilization of Public Health Measures
Dental Treatment.

Dental Health Education

An important aspect in providing a public health service is to create an interest, motivate people to action, and then attempt to maintain improvements on a sustaining basis. In the program of the Child Dental Services Branch emphasis is placed on the primary school children and their parents. Actively engaged in the program are the public health nurses, the school system's personnel and the dental profession. The program includes classroom dental inspections, consultations, provision and demonstration of teaching aids and dental treatment. Kindergarten, Grades I and II receive the maximum effort of the present dental education program.

Dental education material is available to the public health nurses, school principals and teachers, parents and pupils. The Dental Nursery Rhyme series introduced in the Fall school term has proven effective.

Some 12,000 dental inspections were made in 1963. The parents are notified of their child's dental health and information is requested on the family's arrangement for providing dental services. An analysis of the data collected indicates a trend is developing towards improvement in the oral health of school children.

Well-baby clinic dental consultations were held during the year making dental supervision available to pre-school children.

In addition to the consultant services provided through the treatment clinics the Director acted as a consultant to the Winnipeg General Hospital Welfare Dental Clinic, Mount Carmel Clinic and the Winnipeg School Board. Contributions were made to the dental lecture program of the Schools of Nursing at the Children's Hospital and St. Boniface Hospital and as special lecturer to the College of Medicine and Dentistry. The Branch also took an active part in the annual Manitoba Dental Health Week promotion.

An in-service training program for staff members included conferences, sessions on care and maintenance of dental equipment, organization, administration and techniques. Two dental assistants completed the special course sponsored by the Manitoba Dental Association for Dental Assistants.

Classroom Dental Inspection Analysis

Table I is a compilation of data collected during the school terms 1959-60 to 1962-63. Favourable progress can be observed in the percentage of children visibly free from the ravages of tooth decay. Comparing the school term 1959-60 with 1962-63 it can be seen that the percentage of children with caries has been reduced in kindergarten from 77% to 55%,

Grade I from 84% to 63% and Grade II from 88% to 63%. According to this survey in the grades under observation in the 1962-63 school term 40% of the children were in a preferred state of being caries free (Kindergarten 45%, Grade I 37%, Grade II 37%) as compared with 17% in the school term 1959-60 (Kindergarten 23%, Grade I 16%, Grade II 12%). The increase in children being caries free can also be attributed to those children born and raised in Metro Winnipeg having had the benefits of a fluorine-enriched water supply since 1957.

Information collected under the heading of applied dentistry is of interest in evaluating the dental health education program. While the number of children seeking dental attention has remained fairly constant there has been a decline in the number of children requiring restorative services indicating some success at motivating parents to take action when necessary. The constant figure of 20% of families of Grade I children requiring financial assistance in providing dental treatment is significant in projecting the requirements if this service is to be extended into the higher grades.

D.M.F.T. Rate (Decayed, Missing, Filled Teeth)

Table II illustrates a sample of children born and raised in the Metropolitan Winnipeg area. Information was collected during regular school inspection visits, the subjects selected on the basis of every tenth child according to the school register or medical card files. Substantial improvement in the teeth of children is noted in this survey. Children who have benefitted from fluoridation nearly all their lives (age 7 in 1963) show the average number of teeth affected by dental decay reduced more than half of those age 7 in 1958. The older age children in the survey also indicated a marked improvement in the number of affected teeth.

Table III is a breakdown of the data collected on the samples of the seven-year-old children born and raised in the Metropolitan Winnipeg area. Data collected over the period 1958 - 1963 shows a reduction of approximately 60% in the incidence of affected teeth. This information simulates the expected results for children born and raised in a fluorine area.

Dental Treatment

Dental Clinics

136 Ellen Street	- 2 chairs
William Whyte School	- 2 chairs
King Edward School	- 2 chairs
John M. King School	- 2 chairs (school under construction)

The dental treatment clinics are located in strategic areas of the school system. Comprehensive dental treatment (orthodontia excluded) is provided for children whose families are on City of Winnipeg Public Welfare and resident children seven years of age and under (including preschoolers) whose families require economic assistance. Application for service is subject to approval by the public health nurse. Dental emergencies are given priority and include all children up to and including sixteen years of age.

In 1963, 4,323 children were treated during the course of

13,577 patient visits to the clinics. Patients completed and provided with maintenance dental care to the extent of facilities available totalled 2,646 or 61%. 11,407 individual teeth were attended and of these 2,732 teeth were removed and 8,675 teeth were restored and returned to healthy functioning units. Three-quarters of the patients accepted on an emergency treatment basis were over 8 years of age and would account for the majority of the tooth extractions. Conservative and preventive dental procedures are emphasized in the management of child patients.

Dental treatment coverage is extended to a large group of children from co-operative and interested families through a periodic recall system. Patients qualify for this service by following the initially prescribed dental treatment plan. Regular maintenance care is an effective method of prevention and keeping oral irregularities under control. This has resulted in an increase in the number of children receiving benefits over a longer period of time. The dental program utilizes the present treatment resources to the fullest. As indicated in the following table Public Welfare recipients are seeking and co-operating in providing dental treatment for their children.

Public Welfare Children on Active Files

1959	-	345
1960	-	659
1961	-	852
1962	-	877
1963	-	1,328

There were 3,096 patients recalled and of these 1,207 or 40% had maintained or were returned to optimum dental health on their first appointment.

Failed appointments are a concern to the Branch and precautions are taken to eliminate many of the causative factors. In 1963 out of 15,219 assigned appointments 835 or 5.5% were failed. 212 of these failed appointments were new patients after having requested assistance and been approved by the public health nurse. Failed appointments were low in the recall group (3%) indicating an appreciation of the program and the effects of our dental health education. The advantage of having the clinics located in select schools permits replacement from within the school to fill the allotted time reducing lost dental manpower to a minimum.

Approximately 5% (807) of the appointments were cancelled and another suitable time arranged. The courtesy of advising the clinics in advance of an inability to keep an appointment suggests that the treatment service provided is appreciated by this clientele. This is further substantiated by the comparatively low failure rate of former patients.

Table IV is a summary of the dental treatment groups by ages and Table V is an analysis of dental treatment services provided by the Health Department to school children.

Handicapped Children

The study of providing dental treatment for mentally retarded children attending a special school in the city was continued in 1963. In previous years mobile equipment had been moved into the school with few

problems in child management, however inconvenient and awkward for the practising dentist. In 1963 arrangements were made to transport eligible children to one of the regular treatment centres.

Table VI is a compilation of the dental services provided children attending this school. Children attend the school from the entire Metro area. The dental inspection program included all the children and dental treatment was available to all eligible children resident in the City of Winnipeg.

The dental inspection revealed that nearly 60% of the children required dental attention, 13% were found to be visibly caries immune and 27% had the caries process under control through dental supervision. About half of this controlled caries group were under our supervision.

In most cases mentally retarded children can be treated using normal dental procedure techniques. The major problem is providing ways and means for families who have the burden of raising a handicapped child to obtain dental service for the child, followed by a program to motivate the parents to take action in improving the child's dental health. A preferred method in handling these patients would be the establishing of a permanent type dental office within an institution or school for handicapped children where many of the conveniences and facilities are already established -- transportation, availability of patients, familiar surroundings and environment.

The provision for dental treatment for mentally and physically handicapped children in the City and Province has improved slightly but a great deal has yet to be done to make this service adequate. The problem is centred around neglect, misunderstanding, finances, lack of facilities and trained personnel.

Adult Dental Services

In 1963 an outpatient dental clinic was established at the Winnipeg General Hospital where a fairly comprehensive dental treatment coverage is available to medically indigent adults sixteen years of age and over resident in Manitoba. This group includes public welfare, nursing home patients, some old age pensioners, and low income groups. Preventive, interceptive or restorative dentistry is available to interested and co-operative patients. The clinic is financed by the Manitoba Hospital Commission but administered and operated by the City Health Department. Residents of the City of Winnipeg are provided by the Health Department with dentures where indicated.

Mouth Guards for Athletes

The use and provision of mouth guards for athletes participating in body contact sports, particularly football and hockey, has remained at the discussion stage with the dental profession and the local school authorities. Mouth guards should be included as standard protective equipment worn by athletes during sports where body contact occurs. It is now mandatory for athletes playing organized football in American Schools.

Staff

The staff of the branch includes a full-time director, with a professional establishment of six and one-half full-time dentists. Three dentists were retained on the full time staff, and thirteen dentists were employed on a sessional fee part-time basis. The auxiliary staff included seven dental assistants and three clerks.

TABLE I

Class Room Dental Inspection information compiled by the City of Winnipeg Health Department on the general child population attending Kindergarten, Grade I and Grade II in The Winnipeg School Division No. 1. Permanent and Deciduous Dentition.

	School Term	Total Inspect.	Percentage of Children										Request Assist.	Approved	Nil Int.
			Caries		Dentistry Completed	Caries	Extractions	Filled	Attend Dentist	Applied Dentistry					
			Imm.	Free											
Kindergarten	1959-1960	3,322	14	23	9	77	15	27	59	37	13	10	12		
	1960-1961	3,026	18	34	16	66	13	28	47	36	12	11	11		
	1961-1962	2,816	26	39	13	61	10	28	47	34	14	12	12		
	1962-1963	3,539	31	45	14	55	8	24	38	30	14	11	12		
Grade I	1959-1960	4,381	6	16	10	84	28	40	62	57	25	21	8		
	1960-1961	4,686	9	25	16	75	27	40	64	55	21	20	8		
	1961-1962	4,601	12	31	19	69	23	43	64	52	23	20	9		
	1962-1963	4,555	16	37	21	63	23	40	63	51	21	19	9		
Grade II	1959-1960	4,054	3	12	9	88	43	49	#	70					
	1960-1961	3,916	6	25	19	75	39	53	#	70					
	1961-1962	3,819	7	28	21	72	37	55	#	72					
	1962-1963	3,958	10	37	27	63	36	55	#	70					

Definition of Terms: -

- Caries Immune - (natural or acquired) - No visible evidence of caries in the deciduous or permanent teeth, x-rays not used.
- Caries Free - Includes caries immune plus children whose dentistry has been completed by a dentist.
- Dentist Completed - Children who attended a dentist and were in optimum dental health at time of dental inspection.
- Caries, Premature extraction, filled - % of children with these conditions.
- Attend Dentist - As indicated by presence of extraction, or filling, or reported by parent on questionnaire regardless of evidence. Does not include caries immune - some of these children may have regular dental examinations.
- # - Grade II questionnaire not used.
- Applied Dentistry - As indicated by the presence of a filling or premature extraction or both.
- Request Assistance - A written request for financial support for dental treatment.
- Approved - Screened by school nurse for eligibility to free dental treatment service.
- Nil Interest - Questionnaires not returned by parent.

TABLE II
School Dental Examinations of Children
born in Metropolitan Winnipeg by age and year

Year	Number Examined	D.M.F.T. per child	Year	Number Examined	D.M.F.T. per child
<u>Age 7</u>			<u>Age 9</u>		
1958*	106	2.1	1958*	80	3.8
1960*	81	1.5	1960*	109	3.1
1961#	221	1.4	1961#	192	2.7
1962/	278	1.0	1962/	236	2.6
1963x	243	.8	1963x	229	2.4
<u>Age 11</u>			<u>Age 13</u>		
1958*	99	5.2	1958*	81	8.3
1960*	110	4.5	1960*	110	7.9
1961#	174	4.3	1961#	44	6.0
1962/	233	3.9	1962/	71	5.5
1963x	217	3.4	1963x	87	5.8

* Single examiner, selected schools (high, medium, & low income)

5 examiners, random sample.

/ 6 examiners, random sample.

x 8 examiners, random sample.

TABLE III

A sample of seven year old children born and raised
in Metro Winnipeg showing premature lost, destroyed
crowns, caries and restored permanent teeth. -
Average number of permanent teeth affected per child.

Year	Children Examined	Premature lost	Crowns Destroyed	Other Caries	Restored	DMFT
1958	106	0.01	0.03	1.40	0.68	2.1
1960	81	0.00	0.00	0.86	0.65	1.5
1961	221	0.02	0.01	0.93	0.39	1.4
1962	278	0.00	0.02	0.67	0.34	1.0
1963	243	0.00	0.00	0.53	0.29	0.8

TABLE IV

Summary of Dental Treatment Groups 1963
(Number of Children)

	A G E								
	Preschool	5	6	7	8	9	10	Older	Total
A. Patients notified of Appointments	351	481	679	676	568	415	383	982	4,535
B. Failed Initial Appointment	11	29	39	26	26	24	14	43	212
C. Patients Completed	225	255	404	470	372	271	196	453	2,646
D. Patients recalled 6-8 months	167	240	414	579	473	418	274	531	3,096
E. Recalled Patients Completed 1st visit	82	96	163	218	192	179	91	186	1,207
F. Recalls Failed Appointment	4	8	14	19	13	14	11	20	103
G. Emergency Patients	21	43	89	104	142	115	141	469	1,124

Table IV - Definition of Terms

- A. Patients notified of appointments - the number of patients applying and accepted for dental treatment.
- B. Failed initial appointment - patients assigned to dental clinics for treatment following school inspections and approved by the school nurse.
- C. Patients completed - children from Section A receiving comprehensive dental treatment as provided by the clinics.
- D. Patients recalled (6-8 months) - following last appointment when completed, (1962-63).
- E. Recalls completed on first appointment - includes children whose maintenance care is attended to during the recall examination appointment.
- F. Patients failed recall appointment - patients from D, who were contacted and failed to appear for scheduled appointment.
- G. Emergency Patients - arrive at clinics for relief of pain and infection, no definite appointment scheduled.

TABLE V

Analysis of Child Dental Services provided by
City of Winnipeg Health Department - 1963.

X-rays (single films)	1,642
Exodontia - Deciduous Teeth	2,175
- Permanent Teeth	657
Anaesthetic (local)	8,033
Restorative - (Number Teeth Completed - Filled)	
- Deciduous	5,127
- Permanent	3,548
- Treatment Fillings	416
- Endodontics - Teeth completed	610
Crowns - Celluloid	9
- Stainless Steel	177
Space Maintainers	30
Prosthetic Appliances	13
Prophylaxis (Complete)	2,762
Topical Fluoride (Completed)	1,589
Fillings Polished	1,297
Parents Counselling	494
Other treatments	6,137
Refused (non co-operative)	34
Total Number assigned Dental Appointments	15,219
Cancelled Appointments	807
* Failed Appointments	835
Referred to Private Dentists	46
Recalls (6-8 months)	3,096
School Inspection Clinics	94
Classroom Dental Inspection (No. Children)	12,828
Well-Baby Dental Consultation Clinics	11

* Includes failure of new patients to attend the clinics for dental examination and diagnosis. (212)

TABLE VI

Dental services provided children attending
a school for retarded children - 1963

<u>Clinical Services</u>		
Children attending clinic	34	
Children not attending clinic	<u>8</u>	
Total eligible children		42
Patient appointments		77
Cancelled and failed appointments		6
Extractions: Deciduous	10	
Permanent	<u>1</u>	
		11
Restorations: Deciduous	5	
Permanent	<u>43</u>	
		48
Prophylaxis		31
Topical fluoride treatments		6
Patients completed to last appointment with facilities available		30
Children still attending school from the 1962 treatment group		32
Number of these children caries free or dental maintenance care completed on recall appointment		21
<u>School Dental Inspection</u>		
	<u>Number of Children</u>	<u>Percent</u>
Children with caries	136	58%
Children caries immune	32	14%
Children, caries controlled	<u>64</u>	<u>28%</u>
	232	100%

PUBLIC HEALTH NURSING

A city is never static, it is dynamic and subject to change. This applies particularly to its population and it is with this population that the personnel of the Nursing Division is concerned. There are transfers of people out of and into the city. This rural-urban and urban-suburban movement greatly concerns the Public Health Nurse. A fluctuating school population is one result; records must be moved; at times so too must personnel. Changes in housing patterns of the city produce new problems to be solved by the Nursing Division. There is even a changing pattern in the nature of the illnesses a city bears. While cases of tuberculosis and acute communicable diseases have declined, mental illnesses and degenerative diseases, including diseases of the heart and all forms of cancer have increased. The problem of mental illness alone has made the work of the Public Health Nurse more complex and time-consuming. Changing patterns such as these have increased the work load of the Public Health Nurse. Despite these additional demands the Nursing Division can look back on the year 1963 as one of challenge; as one during which increases in practically all aspects of the work of the Public Health Nurse of the City of Winnipeg have occurred. The following are a few highlights of this year's activities:

MATERNAL HYGIENE SERVICE

By public demand, in January 1963 evening classes for expectant parents were inaugurated under the joint auspices of the Winnipeg School Board's Evening Institute and the Winnipeg Health Department. Eighty-nine parents registered for these classes. The total attendance for both afternoon and evening classes in 1963 was 3,506, an increase of 6.24 percent over 1962.

PERSONAL SERVICES TO PATIENTS

During the course of a year Public Health Nurses visit many homes in the city. The reasons for these visits are varied. For example, it may be due to morbidity, cases of poisoning, the follow-up of a visual or audio defect discovered through the school medical program, or health counselling relative to the normal growth and development of pre-school children.

In the year under review, 86,806 personal services to patients were rendered by Public Health Nurses. This is an increase of 11,477 or 15.25 percent over 1962. Of these services 33,523 or 38.6 percent were to infants and pre-school children, 17,542 or 20.2 percent to school children, and 19,190 or 22 percent to adults.

CHILD HEALTH CENTRES

Nine Child Health Centres are operated by the Health Department to provide weekly services to children under school age not receiving private medical supervision and immunizations due to economic or geographic reasons. One additional Child Health Centre is held once a month for immunizations only. In 1963 there were 2,656 new infants and pre-school children admitted to these Child Health Centres. This represents an increase of 1,092 children or 69.17 percent over 1962. One of the most encouraging facts has been the increase in the number of pre-school children registered. In 1963 there were 1,028 new pre-school registrants in Child Health Centres against 505 in 1962, an increase of 103.5 percent. One of the reasons for these increases stems from the decision to revert to a former organizational pattern of conducting immunizations and consultations on the same day in the Child Health Centres.

This procedure has proved more acceptable to both parents and nurses alike.

SCHOOL HEALTH SERVICES

In 1963 Winnipeg's 49 staff nurses serviced 79 public and 19 parochial schools with a combined population of approximately 54,000 pupils. In spite of the fact that nurses often work through their lunch hour, and in addition spend more than 50 percent of their time in school service, repeated requests are received from principals for more nursing time. In transient, low-income areas and in all high schools these requests are certainly legitimate. The problems confronting nurses in junior and senior high schools today are complex and time-consuming and are often associated with broken homes, parental neglect, alcoholic parents, working parents, mental illness and sex.

In September 1963 volunteer service was used for a six-week period in 5 schools on a trial basis to relieve nurses of some of the routine clerical work. It is hoped that this service can be expanded in 1964. Arrangements have also been made with the school administrators to supply nurses with some assistance from school clerks.

In 1963 approximately 34,000 pupils were referred to the nurse with a variety of complaints. This is an increase of 4,000 children over the previous year. Nurses also screened approximately 7,500 pupils for school medical examinations and gave 9,056 hearing tests. It is interesting to note that in the routine screening for vision defects 98.5 percent of the 1,257 medically indigent cases referred by nurses to the Eye Clinic at the Children's Hospital needed refractions.

COMMUNICABLE DISEASE CONTROL

In order to maintain a high level of immunity amongst school children an annual check is made on the immunization status of new registrants in Winnipeg schools. In 1963 4.4 percent of the children entering Winnipeg schools had no primary inoculations. 28.7 percent of these 6,782 new admissions come from outside of Winnipeg. Arrangements were made to have these children inoculated either privately or by the Health Department. In addition, 7,402 children in Grades I, IV, and VIII received a reinforcing dose of triad (diphtheria, tetanus and poliomyelitis combined) vaccine. 10,951 immunizations were given to children in Child Health Centres. In spite of the high level of immunity amongst Winnipeg children diphtheria is still present. In 1963, 3 cases were reported of which 2 cases were school children.

In 1963 tuberculin tests were given to 11,803 pupils in Winnipeg Colleges and High Schools. Of this number 611 had a positive reaction and had a follow-up chest x-ray. No case of active tuberculosis was discovered.

Approximately 929 tuberculosis cases came under the surveillance of the Public Health Nurses during 1963. However, most of the work-load involved was due to the care of those home cases who were on active treatment. Because of the advent of chemotherapy and improved surgical measures, tuberculosis cases are released much earlier from Sanatoria to recuperate at home. The supervision of these cases then becomes the responsibility of the Public Health Nurse. This factor makes her role in the control of this disease a much more vital one. One difficulty the nurses experience in their efforts to keep these patients under regular medical supervision is the lack of

evening clinics for those who are working. The treatment of tubercular alcoholics, and the obtaining of welfare assistance, suitable employment, and suitable housing accommodation for single persons, are continuing problems in the rehabilitation of the tuberculosis patients.

NURSING AND BOARDING CARE HOMES

On June 1st, 1963, the 20 Nursing Homes and the 5 Boarding Care Homes licensed by the City of Winnipeg were transferred to the Provincial Health and Welfare Department and became part of a newly organized Care Services Branch. At the time of transfer, May 31, 1963, 1,130 patients were being cared for in these Institutions. During the first 5 months in 1963 (January to May 31st) the Winnipeg Health Department had placed 96 patients in these Homes. Fifty-six patients had been discharged or transferred to other institutions and 19 deaths had occurred.

STUDENT AFFILIATIONS

For the past 20 years the Nursing Division of the Health Department has assisted in the preparation of public health nurses. This is done through the provision of supervised field practice for public health nursing students at the University of Manitoba. Because of increased enrollment the requests for this experience have been greater. In 1963, 28 of these students participated in this program. In addition to these public health nursing students, the Nursing Division arranged brief observation periods for students from the Winnipeg General, St. Boniface, Children's, and Victoria General Hospitals' Schools of Nursing. The Nursing Division has also co-operated with the Faculty of Medicine by arranging home visits for medical students during their paediatric training.

STAFF EDUCATION

To enable the Winnipeg Public Health Nurses to deal with problems of mental illness, one of the most pressing public health problems today, arrangements were made in 1963 for 12 members of the Nursing Division to spend 5 weeks at the Selkirk Hospital for Mental Diseases. In addition to obtaining up-to-date knowledge in psychopharmacology the nurses were briefed on the Hospital's philosophy and treatment of mental illnesses and rehabilitative practices.

Arrangements have been made with this Hospital to repeat this plan each year so that all members of the nursing staff can be kept up-to-date in this field of medicine.

A WORD OF THANKS

To conclude this Annual Report, I wish to express my personal thanks to every member of the Nursing Division whose work has contributed to the achievement of this year. The success or failure of our endeavours depends on team work. During the year under review, it is apparent that the Winnipeg Health Department's Nursing Division has worked well as a team, and I am personally indebted to every member for their loyal and willing assistance.

SCHOOL MEDICAL SERVICES

The overall program outlined in last year's report for school health services has been followed again this year with results which compare very favourably with other school health programs in this country and in Britain. This plan involves individual pre-school examination by private physician where possible, by school physician where private medical care is not available, and a variety of screening procedures for vision, hearing and general health involving the use of medical questionnaires and testing by Snellen charts and audiometry. In addition a handicap registry is maintained for some 1,000 school children who have a variety of health problems (diabetes, epilepsy, heart disease, cerebral palsy, etc.) which constitute potential "road blocks" to the achievement of academic success in school. Most children in the registry have carried on perfectly normally in regular classes and have done at least as well as children without these health problems. Some, however, have required the facilities of special education classes in order to achieve satisfactory progress. Some have not been able to participate in the physical fitness program either wholly or in part. Frequent consultation by correspondence with their private physicians has helped a great deal in ensuring that every child who can do so is allowed to participate in all school activities.

Regular meetings of the School Health Committee have been held, under the chairmanship of Dr. W.C. Lorimer, Superintendent of City Schools, and attended by members of the Health Department and Nursing Branch, the Child Guidance Clinic of Greater Winnipeg, the Dental Branch and members of the school administration. In addition the school physicians have had three meetings during the year to review school health policies and to plan development of new services for the future. A regular meeting was held with the Department of Special Education to review applications for placement of severely visually handicapped school children in special classes. This meeting was attended by the school principal, public health nurses, the director of the special education program and members of the Vision Clinic of the Children's Hospital. Every effort is made to continue the education of a visually handicapped child in regular classes where possible. In some instances however the child's educational needs are far better met by transfer, at least for a time, to one of the three specially constructed classrooms supervised by a specially trained teacher.

Special attention has been paid this last year in a continuing program to encourage participation in the school physical fitness program of every school child who is able to do so. In co-operation with Mr. Vidruk, Director of Physical Education, all exclusions whether temporary or permanent are being reviewed. Exclusion for frivolous or non-medical reasons is discouraged. Close liaison with the private physicians ensures that children excluded from physical training or sports for medical reasons are returned to full participation at the earliest possible moment. It is planned to include parent education in the advantages of the program in an effort to involve the school child's home in the logical extension of the benefits of physical education.

During the summer of 1963, Mr. Sydney Haid, Third Year Medical student, worked on project research supported by a grant from the Fruehauf Trailer Company of Canada Limited in the Departments of Social and Preventive Medicine and Paediatrics of the University of Manitoba. Mr. Haid's field of

research was into the causes and prevention of serious visual defect in school-age children. During the summer of 1964 Mr. Robert Armbruster, a Third Year Medical student, will be working in the Department under a Dominion Provincial Grant in a pilot study designed to develop an efficient plan for comprehensive medical examination before school entry of some 200 5-year-old children of Welfare families. It is hoped that the further development of this study will result in the virtual elimination of so-called routine physical examination of school children in the schools. The great majority will then be examined by their own physician; the remainder will be examined along the lines being worked out this summer. The result should be a much more thorough medical review of every child before school entrance so that any correctable health problems can be dealt with early and the effect of non-treatable handicaps may be minimized.

The health of school children in Winnipeg continues at a satisfactory level. Immunization against the common infectious disease is among the highest in Canada.

Our staff of school physicians comprises a small but dedicated group most of whom have spent several years with the Health Department and have developed dedication along with experience so that their services become more valuable with each passing year.

CHILD HEALTH CENTRES

Child Health Centres	10
Child Health Centre sessions held	446
New Babies admitted	2,656
Infants	1,628
Pre-school	1,028
Attendance at sessions	18,990
Infants	9,717
Pre-school	7,521
School Children and Adults	1,752
Doctors' consultations and examinations	3,057
Infants	1,840
Pre-school	1,217
Home visits re child hygiene (birth registrations, etc.)	33,523
Immunizations by doctors at Child Health Centres	10,951

CONSULTATIONS AND IMMUNIZATIONS AT CHILD HEALTH CENTRES

	<u>No. of Immunizations</u>	<u>No. of Consultations</u>
St. Lukes	1,436	1,850
St. Matthews	1,463	1,574
St. Judes	1,091	997
Sparling	567	1,006
St. Andrews	1,457	819
Holy Trinity	663	891
Chalmers	833	1,097
Mount Carmel	631	--
Robertson House	1,324	608
McGregor	1,486	666
	<u>10,951</u>	<u>9,508</u>

REPORT ON HEALTH INSPECTION OF SCHOOL CHILDREN BY PUBLIC HEALTH NURSES

Pupils examined in Health Service Rooms by nurses	33,996
<u>Exclusion from school</u>	
Miscellaneous	4,097
Pediculosis	261
Skin Conditions	452
Suspect Communicable disease	<u>870</u>
Total	5,680
Treatments given	<u>28,316</u>
Total	33,996
Classroom Inspections by school nurse	2,261
General	1,951
Acute Communicable	310
Conference re pupil (with pupil, parent, teacher, etc.)	115,807
Health Education	1,193
Accidents reported by Principal and nurse	1,254
Home visits to school children made by nurses (exclusive of communicable disease visits)	17,542
D.T. and Polio Reinforcing Doses given in schools	7,402

PHYSICAL EXAMINATIONS OF SCHOOL CHILDREN

Children examined by medical examiners	4,612
Children with one or more defects	1,737
Parents invited to physical examinations	3,335
Parents present at physical examinations	1,667

AUDIOMETRY REPORT

Children tested	9,056
First Tests	7,596
Re-tests	1,460
Defects	327
Teachers and others tested	27

PERSONAL SERVICES TO PATIENTS BY PUBLIC HEALTH NURSES

(including home visits and instruction by telephone from District Office)

		<u>1962</u>	<u>1963</u>
Health:	Newborn	5,798	6,069
	Under 1 year	7,032	8,377
	Pre-school children	15,382	19,077
	School children	14,391	17,542
	Adults	15,179	19,180
Prenatal:	1,226	1,419
Postnatal:	5,600	5,787
Morbidity:	Tuberculosis	1,912	1,735
	Acute Communicable	423	381
Unclassified:	Not found	6,047	6,228
	Not taken under care	108	145
	Special Activity	1,801	454
Visits made for poison control prevention		<u>430</u>	<u>412</u>
		75,329	86,806
Prenatal Classes:	New Admissions -	384	476
	Total Attendance	3,301	3,506

CHILDREN EXAMINED FOR FRESH AIR CAMPS

	<u>1962</u>	<u>1963</u>
Camp Morton	108	180
Y.W.C.A.	225	213
Salvation Army	324	278
C.G.I.T.	171	117
Y.M.C.A.	149	231
Logan Neighborhood House	18	48
United Church	478	682
Lakeside Camp	205	235
Camp Playmore	82	182
Camp Funland	304	106
Camp Tikvah	120	111
Norquay Neighborhood House	4	21
Logan Day Camp	<u>21</u>	<u>110</u>
Total	2,209	2,514

CHILDREN'S HOSPITAL - EYE CLINIC REPORT

Clinics held	213
Children examined:	
New	489
Re-examined	<u>928</u>
	1,427
Refractions completed:	
Not needing glasses	223
Glasses prescribed	673
No change in prescription	348
Glasses discontinued	<u>13</u>
	1,257
Refractions not completed	-
Refractions not needed	19
Returned for observation	151
Children found with 1/3 or less of normal vision with glasses ..	4
Out-patient consultations (Winnipeg residents)	551
Referred to Orthoptic Clinic	57

VICTORIAN ORDER OF NURSES

New Cases			2,337
	<u>Nursing Care Visits</u>	<u>Health Inst. Visits</u>	<u>Total</u>
Prenatal	4	83	87
Postnatal	26	315	341
Newborn	421	656	1,077
Infant	326	502	828
Pre-school	255	229	484
School	133	69	202
Adult	<u>54,894</u>	<u>-</u>	<u>54,894</u>
	56,059	1,854	<u>57,913</u>
Patients not seen			617
On behalf of patients			34

INSPECTIONS BRANCH

Dairy	Principal Inspector	R. Bentham	Cert. R. San. I.
Food	Principal Inspector	R.C. Morrow	D.V.M., C.S.I.(C).
Housing	Principal Inspector	G.W. Kelly	Cert.R.San.I., C.S.I.(C).
Sanitation & Hygiene	Principal Inspector	A. Cross	M.R.S.H., C.S.I.(C).
Laboratory	Technician	N. Dubick	C.S.I.(C).
Chief Health Inspector		E.J. Rigby	D.V.M., B.S.A., C.S.I.(C).

On January 1st, 1963, the City of Winnipeg annexed an area of about 3,500 acres from the Rural Municipality of Rosser. The area annexed is north of the Village of Brooklands and adjacent to the north-western boundary of Winnipeg. It has a population of about 450. Although much of the area is agricultural, in the southern portion there are some 118 residences. The streets are graded and gravelled and have wooden sidewalks with little pavement. The area is not served with sewer and water. The one public school in the area was 50 years old and had deteriorated to the extent that it was closed at the end of the school term in 1963 and arrangements made to transport the pupils to public schools in the City. Samples of water were collected and tested from the eight public wells in the area. These samples indicated that the water did not meet bacteriological standards and notices were attached to the wells advising that the water should be boiled before drinking. Water mains with standby taps were brought into the area to provide the population with a potable supply of water. Inspectors checked pit closets, clean-out tank and septic tank installations to ensure that they met sanitary standards. The extra work involved in the area was carried out without any difficult problem. A close watch is being kept on the area to be able to deal with changing conditions as they arise.

DAIRY DIVISION

All milk producers had installed bulk tanks for the cooling and storing of their milk by mid 1963. The number of producers levelled off at 685, and are producing over 13,000,000 pounds of milk monthly. This figure is higher than the amount produced when there were close to 1,500 producers shipping milk by cans.

The work of comparing and assessing various tests for determining the quality of raw milk continued throughout the year. It was found that 97% of the samples graded "good" in the resazurin test, undoubtedly due to the more efficient cooling affected by bulk tanks. It was therefore decided that a stricter test was necessary and the plate loop count test was decided upon as being the most suitable.

The Milk Control Board held a public hearing in December and decided that the bonus for quality would be paid for milk having a plate loop count of less than 50,000 per ml., and we set a standard of less than

100,000 per ml. as being acceptable for milk entering the pasteurization plants. This standard is more severe than that set by the United States Public Health Service Code, but we are convinced that our producers can meet the stricter standard.

There are 10 plants pasteurizing milk for sale in Winnipeg and all are supplied with raw milk produced by 685 producers and hauled by 26 tanker trucks covering 55 routes.

Samples of milk, cream and other milk products distributed to the consuming public are collected frequently on a routine basis. These samples are tested in the laboratory of the Manitoba Department of Health in the Norquay Building. Results of these tests indicate that milk and milk products sold in the City are pasteurized although Winnipeg does not have a compulsory pasteurization by-law.

The campaign for the eradication of tuberculosis and brucellosis in cattle has progressed to the point where all cattle in Manitoba have been tested and less than half of one percent react to tests for either disease. This combined with the pasteurization of dairy products has for all practical purposes eliminated the chances of residents of Winnipeg being infected with the bovine strain of tuberculosis or becoming victims of undulant fever due to the consumption of milk.

There are now 45 licensed soft ice cream establishments in the City. These are inspected regularly and samples of the soft ice cream and the mix are collected for testing.

FOOD DIVISION

During the year four alleged food poisonings were investigated. The premises involved were: one large residential educational institute with its own kitchen facilities; one religious convention supplied with food by a caterer; a wedding reception with a caterer involved and a private family who became ill from food from a delicatessen store. In all except one case -- the educational institute -- it appeared that the causative agent was of staphylococcic origin.

Unless called in by the administrator of a hospital to investigate a specific condition this division does not make routine inspections of any hospital's food handling facilities and procedures. However this year a request was received from one of the hospitals to make an inspection of its food handling procedure. This inspection was completed and recommendations discussed with the administrator -- all recommendations have been carried out. In the near future routine inspections of all eleven hospitals located in Winnipeg will have to be made and in all probability will include the two old folks' homes which were previously hospitals.

Plans were approved for 25 new food handling premises and for renovations to 56 premises, some of which were extensive, particularly renovations made in some of the older hotels.

Condemnations of foodstuffs this year were confined generally to damage from fire and water main breaks causing flooded basements. Numerous examinations of foodstuffs were made for the general public.

Close liaison is maintained with other food handling and beverage agencies of the Federal and Provincial Governments.

During the year close attention was given to the supervision of meat processing plants to ensure that satisfactory sanitary conditions were maintained and that only "Canada Approved" meat entered the plants for processing. In July 1962 Health By-law No. 4274 was amended requiring that all meat sold in the City be from animals slaughtered in establishments registered under the Meat Inspection Act (Canada). We have no information that would indicate that the amendment mentioned is not being complied with.

The staff consists of one principal inspector, one grade III inspector and five grade II inspectors.

HOUSING DIVISION

A perusal of the tabulated report reveals that this division had a busy year. Particular attention was given to premises that could be rehabilitated before they became "slum dwellings". The house-to-house survey was continued in those areas of the city where most of the rooming houses are located. The owners or operators of rooming houses were advised of the regulations and given a reasonable length of time to comply. Re-inspection revealed that the compliance rate was over 90%. Improvements effected or violations corrected are too numerous to mention here, but it should be noted that additional plumbing was installed in 333 buildings and hot water in 113.

Written referrals were made to other departments or agencies drawing their attention to violations of various regulations or other items of interest. The result was that the electrical, building and other interested inspectors were advised of conditions that otherwise would not have readily come to their attention.

At the end of 1963 there were 91 premises placarded as "Unsanitary" as compared with 41 at the end of 1962. During the year 80 were placarded, 7 demolished and 23 renovated. The Health Department has no authority to order the demolition of buildings, but can only make sure that the placards remain until demolition or renovation occurs.

A member of the division represented the Medical Health Officer on the Urban Renewal Advisory Board and at meetings of the Inter-government Committee on Conservation. As a result close liaison was maintained with other agencies or departments interested in urban renewal, rehabilitation, conservation and provision of subsidized dwellings. Our inspectors were thus able to devote their attention to particular areas or problems at the time when such attention would be of most value.

Our experience has shown that the exterior of buildings and the surrounding yards as well as the interior of dwelling units must be maintained in a reasonably satisfactory condition if the spread of "blight" is to be prevented. This is in accord with experience elsewhere and as a result the Provincial Legislature was requested to amend the City Charter to give Winnipeg the authority to pass a by-law requiring that the exterior of buildings, fences, porches and auxiliary buildings in residential areas be maintained in a suitable condition.

The provision of 135 dwelling units in the Burrows-Keewatin housing development area provided alternative accommodation for a number of families formerly living in unsatisfactory units. Work done in the Urban Renewal Area No. 1 eliminated a number of very undesirable dwelling units.

DIVISION OF SANITATION & HYGIENE

This division spent much time and effort in 1963 on air pollution. For a number of years complaints had been received regarding the emission of fly ash and particulate matter from a foundry. This condition has now been corrected.

In July and August an inspector assisted in the supervision of the 35 wading pools and obtained from each wading pool a sample of the water for bacteriological analysis every four days. The Empirical Standard which has been adopted was met by 33 of the 35 wading pools.

Swimming pools in the City now number 22. Samples of the pool water for bacteriological analysis are taken weekly and the results have been most satisfactory.

There are over 400 hairdressing establishments in the City which receive inspection. These establishments must be approved satisfactory before the annual permit of the Medical Health Officer is issued.

The division continued the effort to control pigeons giving advice to owners and others in the prevention of pigeon habitation by the proper use of screens. During the year 2,409 pigeons were shot.

The regular routine inspection of factories, workshops and offices was continued with a total of 6,621 inspections and re-inspections being made. It was necessary in some woodworking shops to give special information and advice and to follow up such advice, with regard to the use of pentachlorophenol, a toxic ingredient in some wood preservatives.

In April the inspectors were in attendance at most of the lectures given at the Thirteenth Annual Institute for Public Health Inspectors. This institute is sponsored by the Department of University Extension and Adult Education, University of Manitoba, in co-operation with the Manitoba Department of Health and the Department of National Health and Welfare. One inspector attended a short course in swimming pool operation and another inspector attended two courses in connection with Civil Defence, namely a casualty simulation course held in St. James and a casualty simulation course held in Arnprior.

During the year 19,551 inspections and re-inspections were made, 3,126 water samples collected, and the division dealt with 5,293 defects requiring 4,876 notices.

The staff of the Division includes one principal inspector, one grade III inspector and seven grade II inspectors.

Reports of the various divisions follow.

DAIRY DIVISION

	<u>INSPECTIONS</u>	<u>CONTACTS</u>
<u>COUNTRY:</u>		
Milk Producers	2,713	473
Prospective Producers	41	9
Bulk Milk Tanks	2,372	-
<u>CITY:</u>		
Pasteurization Plants	201	1,868
Ice Cream Manufacturers	277	
Counter Freezers	573	
Butter Plants	210	
Cheese Plants	168	
Milk Trucks inspected	314	
Tanker Trucks inspected	665	
Vehicles - Delivery	67	
Totals	<u>7,601</u>	<u>2,350</u>
<u>SAMPLES:</u>		
Milk Shippers		31,289
Milk Retail		1,482
Milk Special		230
Cream		552
Ice Cream		689
Bottles for Sterility		61
Water		71
Total		<u>34,374</u>
<u>GENERAL:</u>		
Special Calls		1,096
Complaints		23
Letters sent re: Premises		507
Letters sent re: Quality of Milk		994
Permits issued		12
Permits cancelled		66
Temperatures taken		261
Milk Cans inspected		667
Milk Cans rejected		7
Tests of Equipment		82
Swabs of Equipment		8
Special Samples tested		15
Total		<u>3,738</u>

BACTERIOLOGICAL LABORATORY

<u>WATER ANALYSIS</u>		Presumptive Test	41
		Confirmed Test	13
		SPC/ML	39
<u>MILK & CREAM</u>		Resazurin Test	34,444
		PLC/ML	15,478
		Swab Contact Method	5
<u>DIAGNOSTIC</u>		Urinalysis	249
Total			<u>50,269</u>

FOOD DIVISION

	<u>Inspections</u>	<u>Contacts</u>
Abattoirs	0	4
Bakeries	376	155
Banquet Halls	124	53
Beer Parlors	283	145
Breweries and Bottling Plants	39	39
Candy Manufacturers	39	29
Canteens and Hotel Kitchens	232	83
Caterers	258	96
Cereal Mills	30	2
Cocktail Lounges	247	203
Dance Halls	168	30
Egg and Poultry Wholesale	19	1
Fish-filleting, cold storage, etc.	63	54
Frozen Food Locker Plants	18	5
Ice Houses and Depots	8	2
Pickle and Vinegar factories	23	31
Poultry Slaughterhouses	42	33
Private Clubs	47	111
Producer's Markets, Vegetable stalls ..	192	113
Restaurants	5,358	1,247
Retail Food Stores, Grocers, Butchers, etc.	3,849	1,039
Sausage Manufacturers	166	137
Wholesale - Groceries & Vegetables	140	57
Fires in Food Premises	43	68
Beer Depot	1	0
Vehicles	87	18
Food processing	35	0
Vending Machines	365	12
Special Calls	635	420
Total	<u>12,887</u>	<u>4,187</u>

Complaints 246

Notices: Verbal 5,546
 Written 286

Samples: Food 1,128
 Water 17

Plans Examined 163
 Plans Approved 82

Condemnations (Destroyed in City Incinerator):

Fish	913 lbs.	Baked Goods	441 lbs.
Meat	1,970 lbs.	Pastry	10 lbs.
Poultry	222 lbs.	Candy	182 lbs.
Vegetables	746 lbs.	Nuts	96 lbs.
Fruit	2,800 lbs.	Currants	4 lbs.
Dairy Products	78 lbs.	Rice	5 lbs.
Canned Goods	1,387 lbs.	Cereal	272 lbs.

HOUSING DIVISION

Primary inspections of dwellings	932
Primary inspections of rooming houses and lodging houses	89
Primary inspections of apartment blocks, duplexes, dwellings connected to commercial premises, hotels, nursing homes, welfare institutions	239
Other inspections and re-inspections	<u>10,385</u>
	<u>11,645</u>

Violations of the Health Act Regulations remedied during the year under orders from the Housing Division:

Houses placarded "Unsanitary"	80 houses
Overcrowding remedied	97 families
Damp or dark cellars vacated	26 cellars
Dark, low-ceilinged attics vacated	9 attics
Additional windows constructed in previously dark attics ...	5 attics
Bed-bugs exterminated	188 buildings
Cockroaches exterminated	86 buildings
Silverfish, lice, mites, fleas, beetles, ants and sowbugs exterminated	95 buildings
Rats exterminated	40 properties
Mice exterminated	91 buildings
Defective cellars repaired	45 buildings
Leaky roofs repaired	85 buildings
Walls, ceilings, floors repaired	352 buildings
Defective eavestroughing repaired or renewed	102 buildings
Defective heating equipment repaired or renewed	132 buildings
Fly screens and/or storm sashes provided	224 buildings
Defective plumbing repaired	278 buildings
Additional plumbing installed or type of occupancy changed to conform with plumbing fixture requirements	333 buildings
Hot water facilities provided or improved	113 buildings
Additional heat provided	234 buildings
Redecorated	350 buildings
Gas stoves removed from bedrooms	37 buildings
Floor coverings renewed	173 buildings
Additional electric light provided	82 buildings
Blinds provided for windows	18 buildings
Filthy or torn mattresses or bedding cleansed, repaired or renewed	71 buildings
Filthy or dilapidated furniture cleaned, repaired, or renewed	18 buildings
Floors, walls washed	228 buildings
Garbage nuisances corrected	229 properties
Miscellaneous defects remedied	73 buildings

HOUSING DIVISION cont'd.

<u>Notices issued:</u>	Verbal warnings	5,198
	Formal notices	1,940
<u>Complaints attended to:</u>	Lack of heat	281
	Other complaints	1,163

25 Police Court Summonses issued:

11 convictions, 3 dismissals, 4 withdrawals, 7 cases pending

ConvictionsFirst quarter:

Insufficient heat (2)	\$ 26.60
Broken plaster in an apartment block	13.30

Second quarter:

Tenant failed to cleanse suite	28.30
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Third quarter:

Owner removed placard from condemned premises	18.30
Owner failed to exterminate bed-bugs & cockroaches	13.30
Owner failed to install a wash basin, bath & hot water ...	8.30

Fourth quarter:

Owner failed to exterminate bed-bugs & provide fly screens.	23.30
Owner permitted placarded cellar rooms to be occupied	13.30
Owner failed to install wash basin, bath and sink and also failed to repair defective plasterwork, defective eavestroughing and redecorate the premises	253.30
Owner failed to repair defective plumbing fixtures	13.30
Total fines (including cost of court)	<u>\$411.30</u>

Violations of other by-laws discovered by our inspectors and referred
in writing to the proper departments for their action:

Electrical inspectors	hazardous wiring	121 buildings
Fire inspectors	fire hazards	9 buildings
Building inspectors	other safety hazards	95 buildings
Zoning inspectors	zoning violations	6 buildings
Plumbing inspectors	plumbing permit required	5 buildings
Weed inspector		4 properties
Children's Aid Society		1 family
Public Welfare Department		9 families
		<u>250</u>

The above listed referrals have been given attention by the various civic and metropolitan departments and agencies, and hundreds of hazards to safety have been remedied.

DIVISION OF SANITATION AND HYGIENE

	<u>Inspections</u>
Offices, Workshops and Factories	6,621
Barbershops & Beauty Parlors	548

LICENSED PREMISES:

Billiard Parlors	214
Bowling Alleys	43
Dog Kennels	4
Hatcheries and Pet Shops	37
Junk Yards	150
Laundries	134
Massage Parlors	92
Poultry Keepers	5
Second-hand stores	271
Skating Rinks	2
Soap Manufacturing	2
Tanneries and Hide Curing	4
Undertaking Parlors	20
Total Licensed Premises	978

OTHER INSPECTIONS:

Air Pollution	91
Comfort Stations	70
Garbage and Refuse	2,128
Lanes, Streets and Lots	5,648
Outbuildings	166
Schools	20
Swimming Pools	642
Wading Pools	386
Wells	111
Workmen's Closets	1,746
Miscellaneous .. plans approved 1963 (56)	396
Total Other Inspections	11,404
TOTAL NUMBER OF INSPECTIONS	<u>19,551</u>

INTERVIEWS	2,635
ESTIMATED VALUE OF REPAIRS	\$22,555.00
WATER SAMPLES	3,126
DELIVERIES	919
COMPLAINTS	1,029
PROSECUTIONS	3
FINES	\$56.50

NOTICES:

Verbal	4,263
Letter	170
Informal	335
Specification	14
Mandatory	94
Total Notices	<u>4,876</u>

DIVISION OF SANITATION & HYGIENE cont'd.

DEFECTS DISCOVERED AND DEALT WITH:

Bedding and upholstery	5
Cleanliness, Lack of	298
Common Drinking Cups	70
Covered Waste Receptacles	55
Dampness	1
Drinking Facilities (Water)	2
Garbage and Refuse	1,293
Gas Installations	5
Heating: Lack of	69
Furnaces & Equipment	1
Chimneys, Ducts and Piping	3
Lanes, Streets and Lots	1,735
Lighting: Natural or Artificial	11
Noises	35
Overcrowding	2
Plumbing: Lack of	4
Defective	68
Illegally Installed	5
Insufficient	19
Dirty Fixtures	206
Legible Signs, Lack of	54
No Water Supply	-
No Hot Water	4
Privacy, Lack of	3
Pigeons and Poultry, Illegal	43
Rest Rooms: Lack of	2
Dirty	27
Furnishings	4
Matron, Lack of	-
Rodents: rats	60
mice, other	7
Smoke, Dust, Fumes, Odors	421
Soap and Towels, Lack of	99
Stagnant Water	43
Structural Defects: Roofs & Ceilings	16
Eavestroughing & R.W.L.	2
Cellars, floors and walls	28
Screen doors and windows	2
Storm doors and windows	-
Swimming Pools, Wading Pools	24
Ventilation	57
Vermin	60
Workmen's Closets	276
Miscellaneous	174
Total Defects and Irregularities	<u>5,293</u>

Two week course of lectures for wading and swimming pool operators attended by L. Penner.

A. Atamanchuk attended courses on Civil Defence in Winnipeg and Arnprior, Ontario.

CITY HEALTH DEPARTMENT

Summary of Expenditures, 1963

100 (a)	Personal Services	\$590,290.00
200 (b)	Outside Services	71,986.00
300 (c)	Materials, Supplies & Repairs	76,791.00
400 (d)	Equipment, Additions & Replacements	8,462.00
600 (f)	Other Expenses	1,562.00
800 (h)	Automobile Expenses	21,031.00
		<u>\$770,122.00</u>

		<u>Total</u>	<u>Salaries</u>	<u>Other Expenses</u>
C1-1				
314-010	Administration and Statistics	\$ 34,977.00	\$ 31,403.00	\$ 3,574.00
C1-2				
314-011	Communicable & Other Diseases	104,699.00	28,540.00	76,159.00
C1-3				
314-012	Inspection Services & Laboratory	130,162.00	116,972.00	13,190.00
C1-4				
314-013	Child Medical Services	31,984.00	4,666.00	27,318.00
C1-5				
314-014	Child Dental Services	99,677.00	60,193.00	39,484.00
C1-6				
314-015	Nursing Services	264,541.00	252,695.00	11,846.00
C1-7				
314-016	Health Services Extension	104,082.00	95,822.00	8,260.00
		<u>\$770,122.00</u>	<u>\$590,291.00</u>	<u>\$179,831.00</u>

Sources of Revenue

National Health Grants	\$ 72,728.00	9.4%
Provincial Government Grant	90,265.00	11.7%
Milk Control Board Grant	4,320.00	0.6%
Dental Clinic at General Hospital	5,588.00	0.7%
<u>Social Allowances Act</u>		
Indigent patients	93,176.00	12.1%
Nursing Home patients	33,066.00	4.3%
City of Winnipeg	470,979.00	61.2%
	<u>\$770,122.00</u>	<u>100.0%</u>

Cost per capita \$3.00

